

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
(42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO: 14-1305	I	PERIOD FROM 7/ 1/2009	I	INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW	I	DATE RECEIVED: / /
COST REPORT CERTIFICATION	I		I	TO 6/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 11/23/2010 TIME 13:19

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
MEMORIAL HOSPITAL ASSOCIATION 14-1305
FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL	0	319,031	781,385	0	
3 SWING BED - SNF	0	90,954	0	0	
9 RHC	0	0	583	0	
9 .01 RHC II	0	0	-14,085	0	
100 TOTAL	0	409,985	767,883	0	

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

Health Financial Systems	MCRIF32	FOR MEMORIAL HOSPITAL ASSOCIATION	IN LIEU OF FORM CMS-2552-96 (08/2010) CONTD
HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		I PROVIDER NO: 14-1305	I PERIOD: FROM 7/ 1/2009 TO 6/30/2010
			I PREPARED 11/23/2010 WORKSHEET S-2

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET O-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 8/ 8/2000

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	1	2	3	4
	0	0.0000	0.0000	

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

	0.00	0	
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A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

28.03 STAFFING	%	Y/N
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) Y

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70 N

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) Y

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). Y

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)--CAPITAL
36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX
36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE 1 2 3
WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? Y
IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME
OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). FI/CONTRACTOR #

40.01 NAME: FI/CONTRACTOR NAME
40.02 STREET: P.O. BOX:
40.03 CITY: STATE: ZIP CODE: -

41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? Y 10/15/2009
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? Y
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? N
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? N
46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR
CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT.
(SEE 42 CFR 413.13.)

	PART A	PART B	ASC	RADIOLOGY	DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)					N
52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV					N
53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					0
53.01 MDH PERIOD: BEGINNING: / / ENDING: / /					
54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 271,514 PAID LOSSES: 0 AND/OR SELF INSURANCE: 0					
54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.					N
55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.					N
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEE 4
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.		N	0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? N
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100%
FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS
ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE
10/1/2002.
58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST 0
REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS
THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC.
412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER
1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD
COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS
OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO.
IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2
"Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?
ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW
FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN 0
THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y"
FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN
ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF
COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST
REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT
ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).

MULTICAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA?
ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3,
CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS
ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH"
DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 10/19/2010

		I & R FTES	--- FULL TIME	EQUIV ---	DISCHARGES		-----	
	COMPONENT	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
		9	10	11	12	13	14	15
1	ADULTS & PEDIATRICS					317	123	594
2	HMO							
2	01 HMO - (IRF PPS SUBPROVIDER)							
3	ADULTS & PED-SB SNF							
4	ADULTS & PED-SB NF							
5	TOTAL ADULTS AND PEDS							
6	INTENSIVE CARE UNIT							
11	NURSERY							
12	TOTAL		156.87			317	123	594
13	RPCH VISITS							
17	OTHER LONG TERM CARE		47.20					
24	RHC -BOWEN		4.00					
24	01 RHC-WOMEN & FAMILY CLINIC		6.30					
25	TOTAL		214.37					
26	OBSERVATION BED DAYS							
27	AMBULANCE TRIPS							
28	EMPLOYEE DISCOUNT DAYS							
28	01 EMP DISCOUNT DAYS -IRF							
29	LABOR & DELIVERY DAYS							

RHC 1

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 209 EAST 5TH ST

1.01 CITY: BOWEN STATE: IL ZIP CODE: 62316 COUNTY: HANCOCK

2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)

4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)

5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)

6 APPALACHIAN REGIONAL COMMISSION

7 LOOK-ALIKES

8 OTHER (SPECIFY)

GRANT AWARD 1

DATE 2

PHYSICIAN INFORMATION:

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT

PHYSICIAN NAME

BILLING NUMBER

10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD

PHYSICIAN NAME

HOURS OF SUPERVISION

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)

N

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION 0

SUNDAY FROM 1 TO 2

MONDAY FROM 3 TO 4

TUESDAY FROM 5 TO 6

WEDNESDAY FROM 7 TO 8

THURSDAY FROM 9 TO 10

FRIDAY FROM 11 TO 12

SATURDAY FROM 13 TO 14

12 CLINIC

800 1700 800 1800 800 1700 800 1700 800 1600

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD?

N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.

15 PROVIDER NAME: PROVIDER NUMBER:

TITLE V TITLE XVIII TITLE XIX

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

RHC 2

CLINIC ADDRESS AND IDENTIFICATION

1 STREET: 213 SOUTH ADAMS STREET
1.01 CITY: CARTHAGE STATE: IL ZIP CODE: 62321 COUNTY: HANCOCK
2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT)
4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT)
5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT)
6 APPALACHIAN REGIONAL COMMISSION
7 LOOK-ALIKES
8 OTHER (SPECIFY)

GRANT AWARD	DATE
1	2
	/ /
	/ /
	/ /
	/ /
	/ /
	/ /

PHYSICIAN INFORMATION:

9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT

PHYSICIAN NAME	BILLING NUMBER

PHYSICIAN NAME	HOURS OF SUPERVISION

10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.)

FACILITY HOURS OF OPERATIONS (1)

TYPE OPERATION	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO
	1	2	3	4	5	6	7	8	9	10	11	12	13	14

12 CLINIC 0 800 2000 800 2000 800 1700 800 1700 800 1700

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

13 HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD?

N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES.

15 PROVIDER NAME: PROVIDER NUMBER:

TITLE V TITLE XVIII TITLE XIX

16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS.

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS.

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:

I 14-1305

I

I PERIOD:

I FROM 7/ 1/2009

I TO 6/30/2010

I PREPARED 11/23/2010

I WORKSHEET A

I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,052,786	1,052,786	-1,016,278	36,508
3.01	0301 NEW CAP REL COSTS-NH BLDG		139,828	139,828	-30,981	108,847
3.02	0302 NEW CAP REL COSTS-BLDG & FIXT (NEW B				2,023,246	2,023,246
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		683,174	683,174	35,379	718,553
4.01	0401 NEW CAP REL COSTS-NH ME				24,585	24,585
5	0500 EMPLOYEE BENEFITS		2,334,276	2,334,276	-57,296	2,276,980
5.01	0501 SHARED HUMAN RESOURCES	57,768	27,692	85,460		85,460
6.01	0660 HOSPITAL ONLY BUS OFF AND A&G	265,209	1,129,457	1,394,666	315,874	1,710,540
6.02	0661 OTHER ADMINISTRATIVE AND GENERAL SHA	828,279	262,509	1,090,788	231	1,091,019
8	0800 OPERATION OF PLANT	134,175	570,785	704,960		704,960
8.01	0801 OPERATION OF PLANT NURSING HOME	83,632	256,531	340,163		340,163
9	0900 LAUNDRY & LINEN SERVICE	1,466	49,035	50,501		50,501
10	1000 HOUSEKEEPING	96,725	51,126	147,851		147,851
10.01	1001 HOUSEKEEPING NURSING HOME	87,892	7,506	95,398		95,398
11	1100 DIETARY	206,145	150,861	357,006	-173,802	183,204
12	1200 CAFETERIA				173,802	173,802
14	1400 NURSING ADMINISTRATION	101,937	10,990	112,927		112,927
15	1500 CENTRAL SERVICES & SUPPLY					
16	1600 PHARMACY					
17	1700 MEDICAL RECORDS & LIBRARY	167,457	20,036	187,493	39,360	226,853
18	1800 SOCIAL SERVICE	16,165		16,165		16,165
20	2000 NONPHYSICIAN ANESTHETISTS	297,025	16,307	313,332		313,332
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	1,062,223	15,067	1,077,290	114,806	1,192,096
26	2600 INTENSIVE CARE UNIT					
33	3300 NURSERY				121,889	121,889
36	3600 OTHER LONG TERM CARE	1,049,179	973,292	2,022,471	-9,399	2,013,072
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	284,914	114,598	399,512		399,512
39	3900 DELIVERY ROOM & LABOR ROOM	340,975	7,804	348,779	-236,068	112,711
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	425,977	395,235	821,212		821,212
43	4300 RADIOISOTOPE		69,291	69,291		69,291
44	4400 LABORATORY	446,868	744,829	1,191,697		1,191,697
44.02	4401 GEO PSYCH	54,640	213,537	268,177		268,177
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		60,744	60,744		60,744
49	4900 RESPIRATORY THERAPY	163,974	53,518	217,492	1,193	218,685
50	5000 PHYSICAL THERAPY		52,404	52,404		52,404
53	5300 ELECTROCARDIOLOGY		11,417	11,417	-1,193	10,224
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	29,499	399,811	429,310		429,310
56	5600 DRUGS CHARGED TO PATIENTS	147,159	519,115	666,274		666,274
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	1,701,329	363,790	2,065,119	-234,390	1,830,729
61	6100 EMERGENCY	491,061	599,090	1,090,151	2,231	1,092,382
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
63.01	4951 DIABETIC EDUCATION	36,136	2,936	39,072		39,072
63.50	6310 RHC -BOWEN	162,440	72,473	234,913	-15,768	219,145
63.51	6311 RHC-WOMEN & FAMILY CLINIC	536,147	327,731	863,878	-29,436	834,442
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		1,116,178	1,116,178	-1,116,178	
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	9,276,396	12,875,759	22,152,155	-68,193	22,083,962
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES	142,356	78,336	220,692	61,797	282,489
100	7950 NAUVOO APARTMENTS		19,152	19,152	6,396	25,548
100.01	7951 BEAUTY SHOP	7,421	1,337	8,758		8,758
101	TOTAL	9,426,173	12,974,584	22,400,757	-0-	22,400,757

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT		36,508
3.01	0301 NEW CAP REL COSTS-NH BLDG		108,847
3.02	0302 NEW CAP REL COSTS-BLDG & FIXT (NEW B	-20,407	2,002,839
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		718,553
4.01	0401 NEW CAP REL COSTS-NH ME		24,585
5	0500 EMPLOYEE BENEFITS	-81,595	2,195,385
5.01	0501 SHARED HUMAN RESOURCES		85,460
6.01	0660 HOSPITAL ONLY BUS OFF AND A&G	-458,661	1,251,879
6.02	0661 OTHER ADMINISTRATIVE AND GENERAL SHA	-1,033	1,089,986
8	0800 OPERATION OF PLANT	-75,593	629,367
8.01	0801 OPERATION OF PLANT NURSING HOME		340,163
9	0900 LAUNDRY & LINEN SERVICE		50,501
10	1000 HOUSEKEEPING		147,851
10.01	1001 HOUSEKEEPING NURSING HOME		95,398
11	1100 DIETARY	-81,330	101,874
12	1200 CAFETERIA	-42,666	131,136
14	1400 NURSING ADMINISTRATION		112,927
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		
17	1700 MEDICAL RECORDS & LIBRARY	-4,656	222,197
18	1800 SOCIAL SERVICE		16,165
20	2000 NONPHYSICIAN ANESTHETISTS		313,332
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		1,192,096
26	2600 INTENSIVE CARE UNIT		
33	3300 NURSERY	-90	121,799
36	3600 OTHER LONG TERM CARE	-112,912	1,900,160
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM		399,512
39	3900 DELIVERY ROOM & LABOR ROOM		112,711
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC		821,212
43	4300 RADIOISOTOPE		69,291
44	4400 LABORATORY	-4,069	1,187,628
44.02	4401 GEO PSYCH	-351	267,826
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		60,744
49	4900 RESPIRATORY THERAPY		218,685
50	5000 PHYSICAL THERAPY		52,404
53	5300 ELECTROCARDIOLOGY		10,224
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-7,134	422,176
56	5600 DRUGS CHARGED TO PATIENTS		666,274
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-1,174,934	655,795
61	6100 EMERGENCY	-111,682	980,700
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
63.01	4951 DIABETIC EDUCATION		39,072
63.50	6310 RHC -BOWEN	-3,076	216,069
63.51	6311 RHC-WOMEN & FAMILY CLINIC	-10,374	824,068
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES		
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-2,190,563	19,893,399
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		282,489
100	7950 NAUVOO APARTMENTS		25,548
100.01	7951 BEAUTY SHOP		8,758
101	TOTAL	-2,190,563	20,210,194

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-NH BLDG	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-BLDG & FIXT (NEW B	0302	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CAP REL COSTS-NH ME	0401	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
5.01	SHARED HUMAN RESOURCES	0501	EMPLOYEE BENEFITS
6.01	HOSPITAL ONLY BUS OFF AND A&G	0660	OTHER ADMINISTRATIVE AND GENERAL
6.02	OTHER ADMINISTRATIVE AND GENERAL SHA	0661	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
8.01	OPERATION OF PLANT NURSING HOME	0801	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.01	HOUSEKEEPING NURSING HOME	1001	HOUSEKEEPING
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
20	NONPHYSICIAN ANESTHETISTS	2000	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
33	NURSERY	3300	
36	OTHER LONG TERM CARE	3600	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
44.02	GEO PSYCH	4401	LABORATORY
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
OUTPAT SERVICE COST			
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
63.01	DIABETIC EDUCATION	4951	OTHER OUTPATIENT SERVICE COST CENTER
63.50	RHC -BOWEN	6310	RURAL HEALTH CLINIC #####
63.51	RHC-WOMEN & FAMILY CLINIC	6311	RURAL HEALTH CLINIC #####
OTHER REIMBURS COST			
65	AMBULANCE SERVICES	6500	
SPEC PURPOSE COST CE			
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
NONREIMBURS COST CEN			
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	NAUVOO APARTMENTS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	BEAUTY SHOP	7951	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

 PROVIDER NO:
141305

 PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

 PREPARED 11/23/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 TO RECLASS DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-NH ME	4.01			24,585
2		NEW CAP REL COSTS-BLDG & FIXT (NEW B	3.02			1,013,708
3		NAUVOO APARTMENTS	100			6,396
4 TO RECLASS CAFETERIA	B	CAFETERIA	12		100,358	73,444
5 TO RECLASS RHC DEPR EXPENSE	C	RHC -BOWEN	63.50			2,570
6 TO RECLASS NURSING EXPENSE	D	OTHER ADMINISTRATIVE AND GENERAL SHA	6.02		231	
7 TO RECLASS INTEREST	E	NEW CAP REL COSTS-MVBLE EQUIP	4			35,379
8		HOSPITAL ONLY BUS OFF AND A&G	6.01			71,261
9		NEW CAP REL COSTS-BLDG & FIXT (NEW B	3.02			1,009,538
10 TO RECLASS DELIVERY AND LABOR	F	ADULTS & PEDIATRICS	25		111,624	2,555
11		NURSERY	33		119,162	2,727
12 TO RECLASS BILLING & TRANSCRIP EXP	G	MEDICAL RECORDS & LIBRARY	17			39,360
13		HOSPITAL ONLY BUS OFF AND A&G	6.01		244,613	
14						
15						
16						
17 TO RECLASS EKG TIME	H	ELECTROCARDIOLOGY	53		7,708	
18		RESPIRATORY THERAPY	49			8,901
19 TO RECLASS DR LYNCH AND JONES TIME	I	RHC-WOMEN & FAMILY CLINIC	63.51		72,625	4,632
20		PHYSICIANS' PRIVATE OFFICES	98		83,048	
21 RECLASS S WATSON TO SWING	J	ADULTS & PEDIATRICS	25		627	
22 RECLASS ALLOWABLE PHYSICIAN FICA	K	CLINIC	60		55,065	
23		EMERGENCY	61		2,231	
24 TO RECLASS CLINIC CAFETERIA COSTS	L	CLINIC	60			8,541
36 TOTAL RECLASSIFICATIONS					797,292	2,303,597

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
141305PERIOD:
FROM 7/ 1/2009
TO 6/30/2010PREPARED 11/23/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 TO RECLASS DEPRECIATION EXPENSE	A	NEW CAP REL COSTS-NH BLDG	3.01			24,585	9
2		NEW CAP REL COSTS-BLDG & FIXT	3			1,013,708	9
3		NEW CAP REL COSTS-NH BLDG	3.01			6,396	9
4 TO RECLASS CAFETERIA	B	DIETARY	11		100,358	73,444	
5 TO RECLASS RHC DEPR EXPENSE	C	NEW CAP REL COSTS-BLDG & FIXT	3			2,570	9
6 TO RECLASS NURSING EXPENSE	D	OTHER LONG TERM CARE	36		231		
7 TO RECLASS INTEREST	E	INTEREST EXPENSE	88			1,116,178	11
8							
9							11
10 TO RECLASS DELIVERY AND LABOR	F	DELIVERY ROOM & LABOR ROOM	39		111,624	2,555	
11		DELIVERY ROOM & LABOR ROOM	39		119,162	2,727	
12 TO RECLASS BILLING & TRANSCRIP EXP	G	CLINIC	60			39,360	
13		CLINIC	60		181,379		
14		RHC -BOWEN	63.50		18,338		
15		RHC-WOMEN & FAMILY CLINIC	63.51		23,645		
16		PHYSICIANS' PRIVATE OFFICES	98		21,251		
17 TO RECLASS EKG TIME	H	RESPIRATORY THERAPY	49		7,708		
18		ELECTROCARDIOLOGY	53			8,901	
19 TO RECLASS DR LYNCH AND JONES TIME	I	CLINIC	60		72,625	4,632	
20		RHC-WOMEN & FAMILY CLINIC	63.51		83,048		
21 RECLASS S WATSON TO SWING	J	OTHER LONG TERM CARE	36		627		
22 RECLASS ALLOWABLE PHYSICIAN FICA	K	EMPLOYEE BENEFITS	5		57,296		
23							
24 TO RECLASS CLINIC CAFETERIA COSTS	L	OTHER LONG TERM CARE	36			8,541	
36 TOTAL RECLASSIFICATIONS					797,292	2,303,597	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
141305PERIOD:
FROM 7/ 1/2009
TO 6/30/2010PREPARED 11/23/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A

EXPLANATION : TO RECLASS DEPRECIATION EXPENSE

LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-NH ME	4.01	24,585
2.00	NEW CAP REL COSTS-BLDG & FIXT	3.02	1,013,708
3.00	NAUVOO APARTMENTS	100	6,396
TOTAL RECLASSIFICATIONS FOR CODE A			1,044,689

COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-NH BLDG	3.01	24,585
NEW CAP REL COSTS-BLDG & FIXT	3	1,013,708
NEW CAP REL COSTS-NH BLDG	3.01	6,396
		1,044,689

RECLASS CODE: B

EXPLANATION : TO RECLASS CAFETERIA

LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	173,802
TOTAL RECLASSIFICATIONS FOR CODE B			173,802

COST CENTER	LINE	AMOUNT
DIETARY	11	173,802
		173,802

RECLASS CODE: C

EXPLANATION : TO RECLASS RHC DEPR EXPENSE

LINE	COST CENTER	LINE	AMOUNT
1.00	RHC -BOWEN	63.50	2,570
TOTAL RECLASSIFICATIONS FOR CODE C			2,570

COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-BLDG & FIXT	3	2,570
		2,570

RECLASS CODE: D

EXPLANATION : TO RECLASS NURSING EXPENSE

LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	231
TOTAL RECLASSIFICATIONS FOR CODE D			231

COST CENTER	LINE	AMOUNT
OTHER LONG TERM CARE	36	231
		231

RECLASS CODE: E

EXPLANATION : TO RECLASS INTEREST

LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	35,379
2.00	HOSPITAL ONLY BUS OFF AND A&G	6.01	71,261
3.00	NEW CAP REL COSTS-BLDG & FIXT	3.02	1,009,538
TOTAL RECLASSIFICATIONS FOR CODE E			1,116,178

COST CENTER	LINE	AMOUNT
INTEREST EXPENSE	88	1,116,178
		0
		0
		1,116,178

RECLASS CODE: F

EXPLANATION : TO RECLASS DELIVERY AND LABOR

LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	114,179
2.00	NURSERY	33	121,889
TOTAL RECLASSIFICATIONS FOR CODE F			236,068

COST CENTER	LINE	AMOUNT
DELIVERY ROOM & LABOR ROOM	39	114,179
DELIVERY ROOM & LABOR ROOM	39	121,889
		236,068

RECLASS CODE: G

EXPLANATION : TO RECLASS BILLING & TRANSCRIP EXP

LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL RECORDS & LIBRARY	17	39,360
2.00	HOSPITAL ONLY BUS OFF AND A&G	6.01	244,613
3.00			0
4.00			0
5.00			0
TOTAL RECLASSIFICATIONS FOR CODE G			283,973

COST CENTER	LINE	AMOUNT
CLINIC	60	39,360
CLINIC	60	181,379
RHC -BOWEN	63.50	18,338
RHC-WOMEN & FAMILY CLINIC	63.51	23,645
PHYSICIANS' PRIVATE OFFICES	98	21,251
		283,973

RECLASS CODE: H

EXPLANATION : TO RECLASS EKG TIME

LINE	COST CENTER	LINE	AMOUNT
1.00	ELECTROCARDIOLOGY	53	7,708
2.00	RESPIRATORY THERAPY	49	8,901
TOTAL RECLASSIFICATIONS FOR CODE H			16,609

COST CENTER	LINE	AMOUNT
RESPIRATORY THERAPY	49	7,708
ELECTROCARDIOLOGY	53	8,901
		16,609

RECLASSIFICATIONS

 PROVIDER NO:
141305

 PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

 PREPARED 11/23/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I

EXPLANATION : TO RECLASS DR LYNCH AND JONES TIME

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RHC-WOMEN & FAMILY CLINIC	63.51	77,257	CLINIC	60	77,257	
2.00	PHYSICIANS' PRIVATE OFFICES	98	83,048	RHC-WOMEN & FAMILY CLINIC	63.51	83,048	
TOTAL RECLASSIFICATIONS FOR CODE I			160,305				160,305

RECLASS CODE: J

EXPLANATION : RECLASS S WATSON TO SWING

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	627	OTHER LONG TERM CARE	36	627	
TOTAL RECLASSIFICATIONS FOR CODE J			627				627

RECLASS CODE: K

EXPLANATION : RECLASS ALLOWABLE PHYSICIAN FICA

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	55,065	EMPLOYEE BENEFITS	5	57,296	
2.00	EMERGENCY	61	2,231			0	
TOTAL RECLASSIFICATIONS FOR CODE K			57,296				57,296

RECLASS CODE: L

EXPLANATION : TO RECLASS CLINIC CAFETERIA COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	8,541	OTHER LONG TERM CARE	36	8,541	
TOTAL RECLASSIFICATIONS FOR CODE L			8,541				8,541

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND	521,757					521,757	
2	LAND IMPROVEMENTS	276,320	199,304		199,304	133,744	341,880	
3	BUILDINGS & FIXTURE	5,715,249	21,104,942		21,104,942	3,279,127	23,541,064	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	6,809,500	1,349,273		1,349,273	1,544,466	6,614,307	
7	SUBTOTAL	13,322,826	22,653,519		22,653,519	4,957,337	31,019,008	
8	RECONCILING ITEMS							
9	TOTAL	13,322,826	22,653,519		22,653,519	4,957,337	31,019,008	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
	GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
*	1	2	3	4	5	6	7
3 NEW CAP REL COSTS-BL	341,880		341,880	.011022			
3 01 NEW CAP REL COSTS-NH	3,788,440		3,788,440	.122133			
3 02 NEW CAP REL COSTS-BL	20,274,381		20,274,381	.653611			
4 NEW CAP REL COSTS-MV	6,083,212		6,083,212	.196112			
4 01 NEW CAP REL COSTS-NH	531,095		531,095	.017122			
5 TOTAL	31,019,008		31,019,008	1.000000			

DESCRIPTION		SUMMARY OF OLD AND NEW CAPITAL					TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	
		9	10	11	12	13	14
3 NEW CAP REL COSTS-BL		36,508					36,508
3 01 NEW CAP REL COSTS-NH		108,847					108,847
3 02 NEW CAP REL COSTS-BL		1,012,945		989,894			2,002,839
4 NEW CAP REL COSTS-MV		683,174		35,379			718,553
4 01 NEW CAP REL COSTS-NH		24,585					24,585
5 TOTAL		1,866,059		1,025,273			2,891,332

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION		SUMMARY OF OLD AND NEW CAPITAL					TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	
		9	10	11	12	13	14
3 NEW CAP REL COSTS-BL		1,052,786					1,052,786
3 01 NEW CAP REL COSTS-NH		139,828					139,828
3 02 NEW CAP REL COSTS-BL							
4 NEW CAP REL COSTS-MV		683,174					683,174
4 01 NEW CAP REL COSTS-NH							
5 TOTAL		1,875,788					1,875,788

- * All lines numbers except line 5 are to be consistent with workhseet A line numbers for capital cost centers.
- (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4. Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 14-1305
II PERIOD: I PREPARED 11/23/2010
I FROM 7/ 1/2009 I WORKSHEET A-8
I TO 6/30/2010 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-763	NEW CAP REL COSTS-BLDG &	3.02	9
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-2,875	HOSPITAL ONLY BUS OFF AND	6.01	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-1,230,963			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-75,593			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-42,666	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-4,656	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-1,472	DIETARY	11	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP					
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	89	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	1	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			**COST CENTER DELETED**	2	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-BLDG &	3	
33 NON-PHYSICIAN ANESTHETIST			NEW CAP REL COSTS-MVBLE E	4	
34 PHYSICIANS' ASSISTANT			NONPHYSICIAN ANESTHETISTS	20	
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 RENT INCOME	B	-11,730	CLINIC	60	
38 DR SPACE	B	-5,120	CLINIC	60	
39 IT MISC REVENUE	B	-1,033	OTHER ADMINISTRATIVE AND	6.02	
40 LOBBYING	A	-7,804	HOSPITAL ONLY BUS OFF AND	6.01	
41 CHILDBIRTH CLASSES	B	-40	HOSPITAL ONLY BUS OFF AND	6.01	
42 PHYS RECRUITMENT	A	-3,061	HOSPITAL ONLY BUS OFF AND	6.01	
43 ADVERTISING - HOSPITAL	A	-51,166	HOSPITAL ONLY BUS OFF AND	6.01	
44 ADVERTISING- BOWEN	A	-3,076	RHC -BOWEN	63.50	
45 ADVERTISING - CLINIC	A	-10,494	CLINIC	60	
46 SUPPLIES SOLD	A	-7,134	MEDICAL SUPPLIES CHARGED	55	
47 PROFESSIONL LIABILITY	A	-103,476	CLINIC	60	
48 UNNECESSARY BORROWING	A	-19,644	NEW CAP REL COSTS-BLDG &	3.02	11
49 NURSING HOME MEALS	B	-79,858	DIETARY	11	
49.01 BABY PICTURE REVENUE	B	-90	NURSERY	33	
49.02 RENTAL INCOME - MIDWEST	B	-6,428	CLINIC	60	
49.03 RENTAL INCOME MISC	B	-42,320	HOSPITAL ONLY BUS OFF AND	6.01	
49.04 MISC INCOME	B	-8,754	HOSPITAL ONLY BUS OFF AND	6.01	
49.05 ADVERTISING - WOMENS	A	-6,774	RHC-WOMEN & FAMILY CLINIC	63.51	
49.06 RENTAL INCOME WOMEN'S CLINIC	B	-3,600	RHC-WOMEN & FAMILY CLINIC	63.51	
49.07 MISC INCOME - PRAIRIE CARDIOVASCULAR	B	-4,069	LABORATORY	44	
49.08 PURCHASE DISCOUNTS	B	-63,345	HOSPITAL ONLY BUS OFF AND	6.01	
49.09 MISC INCOME - GERO PHYS	B	-351	GEO PSYCH	44.02	
49.10 PROVIDER TAX	A	-168,153	HOSPITAL ONLY BUS OFF AND	6.01	
49.11 CAPITAL CAMPAIGN FUND RAISING	A	-3,868	HOSPITAL ONLY BUS OFF AND	6.01	
49.14 MISC INCOME	B	-15,915	OTHER LONG TERM CARE	36	
49.15 MARKETING SALARIES	A	-53,359	HOSPITAL ONLY BUS OFF AND	6.01	
49.16 MARKETING FRINGES	A	-9,717	HOSPITAL ONLY BUS OFF AND	6.01	
49.17 LINE OF CREDIT INTEREST	A	-19,891	HOSPITAL ONLY BUS OFF AND	6.01	
49.18 CITY OF CARTHAGE INTEREST	A	-24,308	HOSPITAL ONLY BUS OFF AND	6.01	
49.19 NURSING HOME DIETARY REVENUE	B	-74,580	OTHER LONG TERM CARE	36	
49.20 NURSING HOME LAUNDRY REVENUE	B	-8,881	OTHER LONG TERM CARE	36	
49.21 NURSING HOME SLF REVENUE	B	-7,686	OTHER LONG TERM CARE	36	
49.22					
49.23					
49.24 NURSING HOME RENTAL INCOME	B	-5,850	OTHER LONG TERM CARE	36	
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,190,563			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	8	OPERATION OF PLANT	RENT	75,593	-75,593	
2						
3						
4						
5		TOTALS		75,593	-75,593	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	C	MEMORIAL HOSPITAL ASSOC.	0.00	HANCOCK COUNTY NURSING	100.00	SNF-NON-CERTIFIED
2			0.00		0.00	
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

	WKSHT A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
	LINE NO.	1	2	3	4	5	6	7	8
1	44	LABORATORY	18,000		18,000				
2	43	RADIOISOTOPE	4,500		4,500				
3	60	CLINIC PHYSICIAN SALARIES	1,037,686	1,037,686					
4	61	ER FEES	788,342	111,682	676,660				
5	5	CLINIC EMPLOYEE BENEFITS	79,056	79,056					
6	5	ER EMPLOYEE BENEFITS	2,539	2,539					
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL	1,930,123	1,230,963	699,160				

PART I - GENERAL INFORMATION

1 TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) 52
(SEE INSTRUCTIONS)

2 LINE 1 MULTIPLIED BY 15 HOURS PER WEEK 780

3 NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR
OR THERAPIST WAS ON PROVIDER SITE
(SEE INSTRUCTIONS)

4 NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY
ASSISTANT WAS ON PROVIDER SITE BUT NEITHER
SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE
(SEE INSTRUCTIONS)

5 NUMBER OF UNDUPLICATED OFFSITE VISITS -
SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)

6 NUMBER OF UNDUPLICATED OFFSITE VISITS -
THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY
THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR
THERAPIST WAS NOT PRESENT DURING THE VISIT(S))
(SEE INSTRUCTIONS)

7 STANDARD TRAVEL EXPENSE RATE

8 OPTIONAL TRAVEL EXPENSE RATE PER MILE

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9 TOTAL HOURS WORKED		119.75		409.50	
10 AHSEA (SEE INSTRUCTIONS)		70.42		35.21	
11 STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	35.21	35.21			
12 NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)					
12.01 NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)					
13 NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)					
13.01 NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)					

PART II - SALARY EQUIVALENCY COMPUTATION

14 SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1,
LINE 10)

15 THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2,
LINE 10) 8,433

16 ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3,
LINE 10)

17 SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT
OR LINES 14-16 FOR ALL OTHERS) 8,433

18 AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10) 14,418

19 TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5,
LINE 10)

20 TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT
OR LINES 17 AND 18 FOR ALL OTHERS) 22,851

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21 WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES 70.42
(SEE INSTRUCTIONS)

22 WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES 54,928
(SEE INSTRUCTIONS)

23 TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS) 69,346

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE

24 THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)

25 ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)

26 SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)

27 STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES
3 AND 4)

28 TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD
TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES
26 AND 27)

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29 THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF
COLUMNS 1 AND 2, LINE 12)

30 ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3,
LINE 12)

31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)

32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2,
LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)

- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (LINE 28)
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE

- STANDARD TRAVEL EXPENSE
- 36 THERAPISTS (LINE 5 TIMES COLUMN 2,
LINE 11)
- 37 ASSISTANTS (LINE 6 TIMES COLUMN 3,
LINE 11)
- 38 SUBTOTAL (SUM OF LINES 36 AND 37)
- 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF
LINES 5 AND 6)
- 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES
COLUMN 2, LINE 10)
- 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3,
LINE 10)
- 42 SUBTOTAL (SUM OF LINES 40 AND 41)
- 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF
COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 38 AND 39 -
SEE INSTRUCTIONS)
- 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 39 AND 42 -
SEE INSTRUCTIONS)
- 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
EXPENSE (SUM OF LINES 42 AND 43 -
SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE) (MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
52 DETERMINATION OF OVERTIME ALLOWANCE ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO) (ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 69,346
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM
PART III, LINE 33, 34, OR 35)
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES
(FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE (FROM COLUMN 5, LINE 56)
- 61 EQUIPMENT COST (SEE INSTRUCTIONS)
- 62 SUPPLIES (SEE INSTRUCTIONS)
- 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 69,346
- 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR
RECORDS) 30,905

Health Financial Systems	MCRIF32	FOR MEMORIAL HOSPITAL ASSOCIATION	IN LIEU OF FORM CMS-2552-96(12/1999)
REASONABLE COST DETERMINATION FOR THERAPY	I PROVIDER NO:	I PERIOD:	I PREPARED 11/23/2010
SERVICES FURNISHED BY OUTSIDE SUPPLIERS	I 14-1305	I FROM 7/ 1/2009	I WORKSHEET A-8-4
ON OR AFTER APRIL 10, 1998	I	I TO 6/30/2010	I PARTS I - VII

PHYSICAL THERAPY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF
NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES -	30,905
	(SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I	
	(SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I	
	(SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64)	30,905
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)	

PART I - GENERAL INFORMATION

1 TOTAL NUMBER OF WEEKS WORKED (EXCLUDING AIDES) 52
(SEE INSTRUCTIONS)

2 LINE 1 MULTIPLIED BY 15 HOURS PER WEEK 780

3 NUMBER OF UNDUPLICATED DAYS IN WHICH SUPERVISOR
OR THERAPIST WAS ON PROVIDER SITE
(SEE INSTRUCTIONS)

4 NUMBER OF UNDUPLICATED DAYS IN WHICH THERAPY
ASSISTANT WAS ON PROVIDER SITE BUT NEITHER
SUPERVISOR NOR THERAPIST WAS ON PROVIDER SITE
(SEE INSTRUCTIONS)

5 NUMBER OF UNDUPLICATED OFFSITE VISITS -
SUPERVISORS OR THERAPISTS (SEE INSTRUCTIONS)

6 NUMBER OF UNDUPLICATED OFFSITE VISITS -
THERAPY ASSISTANTS (INCLUDE ONLY VISITS MADE BY
THERAPY ASSISTANT AND ON WHICH SUPERVISOR AND/OR
THERAPIST WAS NOT PRESENT DURING THE VISIT(S))
(SEE INSTRUCTIONS)

7 STANDARD TRAVEL EXPENSE RATE

8 OPTIONAL TRAVEL EXPENSE RATE PER MILE

	SUPERVISORS 1	THERAPISTS 2	ASSISTANTS 3	AIDES 4	TRAINEES 5
9 TOTAL HOURS WORKED		75.75		241.50	
10 AHSEA (SEE INSTRUCTIONS)		66.74		33.37	
11 STANDARD TRAVEL ALLOWANCE (COLUMNS 1 AND 2, ONE- HALF OF COLUMN 2, LINE 10; COLUMN 3, ONE-HALF OF COLUMN 3, LINE 10)	33.37	33.37			
12 NUMBER OF TRAVEL HOURS (SEE INSTRUCTIONS)					
12.01 NUMBER OF TRAVEL HOURS OFFSITE (SEE INSTRUCTIONS)					
13 NUMBER OF MILES DRIVEN (SEE INSTRUCTIONS)					
13.01 NUMBER OF MILES DRIVEN OFFSITE (SEE INSTRUCTIONS)					

PART II - SALARY EQUIVALENCY COMPUTATION

14 SUPERVISORS (COLUMN 1, LINE 9 TIMES COLUMN 1,
LINE 10)

15 THERAPISTS (COLUMN 2, LINE 9 TIMES COLUMN 2,
LINE 10) 5,056

16 ASSISTANTS (COLUMN 3, LINE 9 TIMES COLUMN 3,
LINE 10)

17 SUBTOTAL ALLOWANCE AMOUNT (SUM LNS 14 & 15 FOR RT
OR LINES 14-16 FOR ALL OTHERS) 5,056

18 AIDES (COLUMN 4, LINE 9 TIMES COLUMN 4, LINE 10) 8,059

19 TRAINEES (COLUMN 5, LINE 9 TIMES COLUMN 5,
LINE 10)

20 TOTAL ALLOWANCE AMOUNT (SUM OF LNS 17-19 FOR RT
OR LINES 17 AND 18 FOR ALL OTHERS) 13,115

IF THE SUM OF COLUMNS 1 AND 2 FOR RESPIRATORY THERAPY OR COLUMNS 1-3 FOR PHYSICAL THERAPY, SPEECH PATHOLOGY OR OCCUPATIONAL THERAPY, LINE 9, IS GREATER THAN LINE 2, MAKE NO ENTRIES ON LINES 21 AND 22 AND ENTER ON LINE 23 THE AMOUNT FROM LINE 20. OTHERWISE COMPLETE LINES 21-23.

21 WEIGHTED AVERAGE RATE EXCLUDING AIDES AND TRAINEES 66.75
(SEE INSTRUCTIONS)

22 WEIGHTED ALLOWANCE EXCLUDING AIDES AND TRAINEES 52,065
(SEE INSTRUCTIONS)

23 TOTAL SALARY EQUIVALENCY (SEE INSTRUCTIONS) 60,124

PART III - SALARY AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - PROVIDER SITE

STANDARD TRAVEL ALLOWANCE

24 THERAPISTS (LINE 3 TIMES COLUMN 2, LINE 11)

25 ASSISTANTS (LINE 4 TIMES COLUMN 3, LINE 11)

26 SUBTOTAL (LN 24 FOR RT OR SUM LN 24&25 ALL OTHERS)

27 STANDARD TRAVEL EXPENSE (LINE 7 TIMES SUM OF LINES
3 AND 4)

28 TOTAL STANDARD TRAVEL ALLOWANCE AND STANDARD
TRAVEL EXPENSE AT THE PROVIDER SITE (SUM OF LINES
26 AND 27)

OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL EXPENSE

29 THERAPISTS (COLUMN 2, LINE 10 TIMES THE SUM OF
COLUMNS 1 AND 2, LINE 12)

30 ASSISTANTS (COLUMN 3, LINE 10 TIMES COLUMN 3,
LINE 12)

31 SUBTOTAL (LN 29 FOR RT OR SUM LN 29&30 ALL OTHERS)

32 OPTIONAL TRAVEL EXPENSE (LN8 TIMES COLUMNS 1 & 2,
LN 13 FOR RT OR SUM OF COLS 1-3, LN 13 ALL OTHERS)

- 33 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (LINE 28)
- 34 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 27 AND 30)
- 35 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
EXPENSE (SUM OF LINES 31 AND 32)

PART IV - STANDARD AND OPTIONAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE COMPUTATION - SERVICES OUTSIDE PROVIDER SITE
STANDARD TRAVEL EXPENSE

- 36 THERAPISTS (LINE 5 TIMES COLUMN 2,
LINE 11)
- 37 ASSISTANTS (LINE 6 TIMES COLUMN 3,
LINE 11)
- 38 SUBTOTAL (SUM OF LINES 36 AND 37)
- 39 STANDARD TRAVEL EXPENSE (LINE 7 TIMES THE SUM OF
LINES 5 AND 6)
- 40 THERAPISTS (SUM OF COLUMNS 1 AND 2, LINE 12 TIMES
COLUMN 2, LINE 10)
- 41 ASSISTANTS (COLUMN 3, LINE 12 TIMES COLUMN 3,
LINE 10)
- 42 SUBTOTAL (SUM OF LINES 40 AND 41)
- 43 OPTIONAL TRAVEL EXPENSE (LINE 8 TIMES THE SUM OF
COLUMNS 1-3, LINE 13)
- TOTAL TRAVEL ALLOWANCE AND TRAVEL EXPENSE - OFFSITE SERVICES;
COMPLETE ONE OF THE FOLLOWING THREE LINES 44, 45, OR 46 AS APPROPRIATE
- 44 STANDARD TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 38 AND 39 -
SEE INSTRUCTIONS)
- 45 OPTIONAL TRAVEL ALLOWANCE AND STANDARD TRAVEL
EXPENSE (SUM OF LINES 39 AND 42 -
SEE INSTRUCTIONS)
- 46 OPTIONAL TRAVEL ALLOWANCE AND OPTIONAL TRAVEL
EXPENSE (SUM OF LINES 42 AND 43 -
SEE INSTRUCTIONS)

PART V - OVERTIME COMPUTATION

	THERAPISTS	ASSISTANTS	AIDES	TRAINEES	TOTAL
47 OVERTIME HOURS WORKED DURING REPORTING PERIOD (IF COLUMN 5, LINE 47, IS ZERO OR EQUAL TO OR GREATER THAN 2,080, DO NOT COMPLETE LINES 48-55 AND ENTER ZERO IN EACH COLUMN OF LINE 56)	1	2	3	4	5
48 OVERTIME RATE (SEE INSTRUCTIONS)					
49 TOTAL OVERTIME (INCLUDING BASE AND OVERTIME ALLOWANCE)(MULTIPLY LINE 47 TIMES LINE 48)					
50 PERCENTAGE OF OVERTIME HOURS BY CATEGORY (DIVIDE THE HOURS IN EACH COLUMN ON LINE 47 BY THE TOTAL OVERTIME WORKED - COLUMN 5, LINE 47)	100.00				100.00
51 ALLOCATION OF PROVIDER'S STANDARD WORKYEAR FOR ONE FULL-TIME EMPLOYEE TIME THE PERCENTAGES ON LINE 50 (SEE INSTRUCTIONS)					
52 DETERMINATION OF OVERTIME ALLOWANCE ADJUSTED HOURLY SALARY EQUIVALENCY AMOUNT (SEE INSTRUCTIONS)					
53 OVERTIME COST LIMITATION (LINE 51 TIMES LINE 52)					
54 MAXIMUM OVERTIME COST (ENTER THE LESSOR OF LINE 49 OR LINE 53)					
55 PORTION OF OVERTIME ALREADY INCLUDED IN HOURLY COMPUTATION AT THE AHSEA (MULTIPLY LINE 47 TIMES LINE 52)					
56 OVERTIME ALLOWANCE (LINE 54 MINUS LINE 55 - IF NEGATIVE ENTER ZERO)(ENTER IN COLUMN 5 THE SUM OF COLUMNS 1, 3, AND 4 FOR RESPIRATORY THERAPY AND COLUMNS 1 THROUGH 3 FOR ALL OTHERS.)					

PART VI - COMPUTATION OF THERAPY LIMITATION AND EXCESS COST ADJUSTMENT

- 57 SALARY EQUIVALENCY AMOUNT (FROM PART II, LINE 23) 60,124
- 58 TRAVEL ALLOWANCE AND EXPENSE - PROVIDER SITE (FROM
PART III, LINE 33, 34, OR 35)
- 59 TRAVEL ALLOWANCE AND EXPENSE - OFFSITE SERVICES
(FROM PART IV, LINES 44, 45, OR 46)
- 60 OVERTIME ALLOWANCE(FROM COLUMN 5, LINE 56)
- 61 EQUIPMENT COST (SEE INSTRUCTIONS)
- 62 SUPPLIES (SEE INSTRUCTIONS)
- 63 TOTAL ALLOWANCE (SUM OF LINES 57-62) 60,124
- 64 TOTAL COST OF OUTSIDE SUPPLIER SERVICES (FROM YOUR
RECORDS) 18,585

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL ASSOCIATION IN LIEU OF FORM CMS-2552-96(12/1999)

REASONABLE COST DETERMINATION FOR THERAPY	I PROVIDER NO:	I PERIOD:	I PREPARED 11/23/2010
SERVICES FURNISHED BY OUTSIDE SUPPLIERS	I 14-1305	I FROM 7/ 1/2009	I WORKSHEET A-8-4
ON OR AFTER APRIL 10, 1998	I	I TO 6/30/2010	I PARTS I - VII

OCCUPATIONAL THERAPY

65 EXCESS OVER LIMITATION (LINE 64 MINUS LINE 63 - IF
NEGATIVE, ENTER ZERO -- SEE INSTRUCTIONS)

PART VII - ALLOCATION OF THERAPY EXCESS COST OVER LIMITATION FOR NONSHARED THERAPY DEPARTMENT SERVICES

66	COST OF OUTSIDE SUPPLIER SERVICES -	18,585
	(SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
66.01	COST OF OUTSIDE SUPPLIER SERVICES - CORF I	
	(SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
66.31	COST OF OUTSIDE SUPPLIER SERVICES - HHA I	
	(SEE INSTRUCTIONS)(FROM YOUR RECORDS)	
67	TOTAL COST (SUM OF LINE 66 AND SUBSCRIPTS)(THIS LINE MUST AGREE WITH LINE 64)	18,585
68	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- (LINE 66 DIVIDED BY LINE 67)	1.000000
68.01	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST-CORF I (LINE 66 DIVIDED BY LINE 67)	
68.31	RATIO OF COST OF OUTSIDE SUPPLIER SERVICES TO TOTAL COST- HHA I (LINE 66 DIVIDED BY LINE 67)	
69	EXCESS COST OVER LIMITATION- (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.01	EXCESS COST OVER LIMITATION-CORF I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
69.31	EXCESS COST OVER LIMITATION- HHA I (SEE INSTRUCTIONS)(TRANSFER TO WKST. A-8, LINES AS INDICATED IN INSTRUCTIONS)	
70	TOTAL EXCESS OF COST OVER LIMITATION (SUM OF LINE 69 AND SUBSCRIPTS OF LINE 69)(THIS LINE MUST AGREE WITH LINE 65)	

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/23/2010
 I 14-1305 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	OLD HOSP/PBC SQUARE	ENTERED
3.01	NEW CAP REL COSTS-NH BLDG	4	NH/MSS SQUARE FEET	ENTERED
3.02	NEW CAP REL COSTS-BLDG & FIXT (NEW B	23	NEW HOSP SQUARE FE	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	5	HOSP SQUARE FEET	ENTERED
4.01	NEW CAP REL COSTS-NH ME	6	NH SQUARE FEET	ENTERED
5	EMPLOYEE BENEFITS	12	HOSPITAL SALARIES	ENTERED
5.01	SHARED HUMAN RESOURCES	24	HOSP/NH GROSS SAL	ENTERED
6.01	HOSPITAL ONLY BUS OFF AND A&G	25	HOSP ONLY ACCUM. COST	ENTERED
6.02	OTHER ADMINISTRATIVE AND GENERAL SHA	-8	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	10	HOSP ONLY SQUARE FT	ENTERED
8.01	OPERATION OF PLANT NURSING HOME	4	NH/MSS SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	11	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	10	HOSP ONLY SQUARE FT	ENTERED
10.01	HOUSEKEEPING NURSING HOME	4	NH/MSS SQUARE FEET	ENTERED
11	DIETARY	13	HOSP PATIENT DAYS	ENTERED
12	CAFETERIA	14	HOURS OF SERVICE	ENTERED
14	NURSING ADMINISTRATION	16	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	17	COSTED REQUIS.	NOT ENTERED
16	PHARMACY	18	COSTED REQUIS.	NOT ENTERED
17	MEDICAL RECORDS & LIBRARY	19	GROSS REVENUES	ENTERED
18	SOCIAL SERVICE	20	TIME SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	22	ASSIGNED TIME	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTs-BLDG &	NEW CAP REL C OSTs-NH BLDG	NEW CAP REL C OSTs-BLDG &	NEW CAP REL C OSTs-MVBLE E	NEW CAP REL C OSTs-NH ME	EMPLOYEE BENE FITS
		0	3	3.01	3.02	4	4.01	5
003	GENERAL SERVICE COST CNTR							
	NEW CAP REL COSTS-BLDG &	36,508	36,508					
003	01 NEW CAP REL COSTS-NH BLDG	108,847		108,847				
003	02 NEW CAP REL COSTS-BLDG &	2,002,839			2,002,839			
004	NEW CAP REL COSTS-MVBLE E	718,553				718,553		
004	01 NEW CAP REL COSTS-NH ME	24,585					24,585	
005	EMPLOYEE BENEFITS	2,195,385						2,195,385
005	01 SHARED HUMAN RESOURCES	85,460						17,884
006	01 HOSPITAL ONLY BUS OFF AND	1,251,879	9,716	9,018	481,076	177,223		157,556
006	02 OTHER ADMINISTRATIVE AND	1,089,986		9,583			2,643	247,437
008	OPERATION OF PLANT	629,367	2,282		99,249	37,919		41,466
008	01 OPERATION OF PLANT NURSIN	340,163		5,432				
009	LAUNDRY & LINEN SERVICE	50,501	498		8,581	4,745		453
010	HOUSEKEEPING	147,851	60		21,534	6,099		29,892
010	01 HOUSEKEEPING NURSING HOME	95,398		279				
011	DIETARY	101,874	629		40,693	14,047		32,693
012	CAFETERIA	131,136	247		23,207	7,467		31,015
014	NURSING ADMINISTRATION	112,927	54		12,521	3,639		31,503
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY	222,197	2,673	2,491	37,185	23,086		51,751
018	SOCIAL SERVICE	16,165	54		8,257	2,489		4,996
020	NONPHYSICIAN ANESTHETISTS	313,332						91,793
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	1,192,096	2,530		461,920	136,945		362,959
026	INTENSIVE CARE UNIT		95			466		
033	NURSERY	121,799			10,632	2,868		36,826
036	OTHER LONG TERM CARE	1,900,160		69,611			20,774	
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	399,512	1,171		189,215	56,755		88,050
039	DELIVERY ROOM & LABOR ROO	112,711	185		41,826	12,184		34,053
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	821,212	1,254		209,129	62,533		131,645
043	RADIOISOTOPE	69,291	89		14,626	4,381		
044	LABORATORY	1,187,628	790		79,712	25,357		138,101
044	02 GEO PSYCH	267,826	3,566			17,424		16,886
046	WHOLE BLOOD & PACKED RED	60,744						
049	RESPIRATORY THERAPY	218,685	170	2,670	32,651	9,636		48,293
050	PHYSICAL THERAPY	52,404		1,010	12,251	3,304	279	
053	ELECTROCARDIOLOGY	10,224	551		53,105	17,016		2,382
055	MEDICAL SUPPLIES CHARGED	422,176	667	345	15,381	7,409	95	9,116
056	DRUGS CHARGED TO PATIENTS	666,274	110	2,382	59,096	16,478	657	45,478
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	655,795	7,532			36,798		126,596
061	EMERGENCY	980,700	426		87,484	25,677		142,604
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063	01 DIABETIC EDUCATION	39,072	688			3,362		11,168
063	50 RHC -BOWEN	216,069						44,534
063	51 RHC-WOMEN & FAMILY CLINIC	824,068						155,163
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	19,893,399	36,037	102,821	1,999,331	715,307	24,448	2,132,293
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		173		3,508	1,790		
098	PHYSICIANS' PRIVATE OFFIC	282,489	298	5,529		1,456		63,092
100	NAUVOO APARTMENTS	25,548						
100	01 BEAUTY SHOP	8,758		497			137	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	20,210,194	36,508	108,847	2,002,839	718,553	24,585	2,195,385

COST CENTER DESCRIPTION		SHARED HUMAN RESOURCES	HOSPITAL ONLY BUS OFF AND	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	OPERATION OF PLANT NURSIN	LAUNDRY & LIN EN SERVICE
		5.01	6.01	6a.01	6.02	8	8.01	9
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-BLDG &							
004	01 NEW CAP REL COSTS-MVBLE E							
004	01 NEW CAP REL COSTS-NH ME							
005	EMPLOYEE BENEFITS							
005	01 SHARED HUMAN RESOURCES	103,344						
006	01 HOSPITAL ONLY BUS OFF AND	6,347	2,092,815					
006	02 OTHER ADMINISTRATIVE AND	10,314	181,952	1,541,915	1,541,915			
008	01 OPERATION OF PLANT	1,670	108,769	920,722	76,047	996,769		
008	01 OPERATION OF PLANT NURSIN	1,041		346,636	28,630		375,266	
009	LAUNDRY & LINEN SERVICE	18	8,681	73,477	6,069	10,744		90,290
010	HOUSEKEEPING	1,204	27,676	234,316	19,353	13,809		
010	01 HOUSEKEEPING NURSING HOME	1,094		96,771	7,993		1,236	
011	DIETARY	1,317	25,644	216,897	17,915	31,804		375
012	CAFETERIA	1,249	26,030	220,351	18,200	16,907		1,363
014	NURSING ADMINISTRATION	1,269	21,680	183,593	15,164	8,239		
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY	2,085	45,737	387,205	31,981	26,399	11,023	
018	SOCIAL SERVICE	201	4,314	36,476	3,013	5,636		
020	NONPHYSICIAN ANESTHETISTS	3,698	54,697	463,520	38,284			
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	14,626	294,072	2,465,148	203,618	310,065		46,412
026	INTENSIVE CARE UNIT		75	636	53	1,055		
033	NURSERY	1,483	21,421	195,029	16,108	6,493		
036	OTHER LONG TERM CARE	13,051		2,003,596	165,487		307,994	
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	3,547	99,031	837,281	69,155	128,502		15,852
039	DELIVERY ROOM & LABOR ROO	1,372	27,127	229,458	18,952	27,585		
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	5,303	164,994	1,396,070	115,308	141,586		10,935
043	RADIOISOTOPE		11,846	100,233	8,279	9,920		
044	LABORATORY	5,563	192,388	1,629,539	134,592	55,369		687
044	02 GEO PSYCH	680	40,991	347,373	28,691	4,944		
046	WHOLE BLOOD & PACKED RED		8,127	68,871	5,688			
049	RESPIRATORY THERAPY	1,945	42,656	356,706	29,462	21,818	11,813	1,430
050	PHYSICAL THERAPY		7,184	76,432	6,313	7,481	4,471	
053	ELECTROCARDIOLOGY	96	11,577	94,951	7,842	38,527		
055	MEDICAL SUPPLIES CHARGED	367	60,971	516,527	42,663	16,775	1,527	
056	DRUGS CHARGED TO PATIENTS	1,832	106,085	898,392	74,203	36,253	10,541	
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC	5,100	110,148	941,969	77,802	10,415		1,075
061	EMERGENCY	5,744	166,374	1,409,009	116,377	58,137		10,957
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063	01 DIABETIC EDUCATION	450	7,324	62,064	5,126			
063	50 RHC -BOWEN	1,794	35,107	297,504	24,572			201
063	51 RHC-WOMEN & FAMILY CLINIC	6,250	144,292	1,129,773	93,314			828
065	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES							
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	100,710	2,056,970	19,778,440	1,506,254	988,463	348,605	90,115
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		737	6,208	513	4,054		
098	PHYSICIANS' PRIVATE OFFIC	2,542	35,108	390,514	32,255	3,296	24,462	
100	NAUVOO APARTMENTS			25,548	2,110	956		175
100	01 BEAUTY SHOP	92		9,484	783		2,199	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	103,344	2,092,815	20,210,194	1,541,915	996,769	375,266	90,290

COST CENTER DESCRIPTION		HOUSEKEEPING	HOUSEKEEPING NURSING HOME	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
		10	10.01	11	12	14	15	16
003	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-NH BLDG							
003	02 NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
004	01 NEW CAP REL COSTS-NH ME							
005	EMPLOYEE BENEFITS							
005	01 SHARED HUMAN RESOURCES							
006	01 HOSPITAL ONLY BUS OFF AND							
006	02 OTHER ADMINISTRATIVE AND							
008	OPERATION OF PLANT							
008	01 OPERATION OF PLANT NURSIN							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	267,478						
010	01 HOUSEKEEPING NURSING HOME		106,000					
011	DIETARY	8,750		275,741				
012	CAFETERIA	4,652			261,473			
014	NURSING ADMINISTRATION	2,267			6,529	215,792		
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY	7,263	3,124		18,970			
018	SOCIAL SERVICE	1,551			1,905	1,742		
020	NONPHYSICIAN ANESTHETISTS				3,174	2,902		
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	85,306		275,540	78,040	71,366		
026	INTENSIVE CARE UNIT	290		201				
033	NURSERY	1,786			8,056	7,367		
036	OTHER LONG TERM CARE		87,285					
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	35,354			18,709	17,109		
039	DELIVERY ROOM & LABOR ROO	7,589			7,449	6,812		
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	38,953			27,013	24,702		
043	RADIOISOTOPE	2,729						
044	LABORATORY	15,233			33,952	31,048		
044	02 GEO PSYCH	1,360			6,594	6,030		
046	WHOLE BLOOD & PACKED RED							
049	RESPIRATORY THERAPY	6,003	3,348		13,281	12,145		
050	PHYSICAL THERAPY	2,058	1,267					
053	ELECTROCARDIOLOGY	10,600						
055	MEDICAL SUPPLIES CHARGED	4,615	433		2,573	2,353		
056	DRUGS CHARGED TO PATIENTS	9,974	2,987		6,990	6,393		
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	2,865						
061	EMERGENCY	15,995			25,783	23,578		
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063	01 DIABETIC EDUCATION				2,455	2,245		
063	50 RHC -BOWEN							
063	51 RHC-WOMEN & FAMILY CLINIC							
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	265,193	98,444	275,741	261,473	215,792		
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	1,115						
098	PHYSICIANS' PRIVATE OFFIC	907	6,933					
100	NAUVOO APARTMENTS	263						
100	01 BEAUTY SHOP		623					
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	267,478	106,000	275,741	261,473	215,792		

COST CENTER DESCRIPTION		MEDICAL RECOR DS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
		17	18	20	25	26	27
003	GENERAL SERVICE COST CNTR						
003	NEW CAP REL COSTS-BLDG &						
003	01 NEW CAP REL COSTS-NH BLDG						
003	02 NEW CAP REL COSTS-BLDG &						
004	NEW CAP REL COSTS-MVBLE E						
004	01 NEW CAP REL COSTS-NH ME						
005	EMPLOYEE BENEFITS						
005	01 SHARED HUMAN RESOURCES						
006	01 HOSPITAL ONLY BUS OFF AND						
006	02 OTHER ADMINISTRATIVE AND						
008	OPERATION OF PLANT						
008	01 OPERATION OF PLANT NURSIN						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
010	01 HOUSEKEEPING NURSING HOME						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY	485,965					
018	SOCIAL SERVICE		50,323				
020	NONPHYSICIAN ANESTHETISTS			507,880			
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS	43,105	50,323		3,628,923		3,628,923
026	INTENSIVE CARE UNIT	69			2,304		2,304
033	NURSERY	1,273			236,112		236,112
036	OTHER LONG TERM CARE				2,564,362		2,564,362
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	23,593			1,145,555		1,145,555
039	DELIVERY ROOM & LABOR ROO	1,429			299,274		299,274
040	ANESTHESIOLOGY	17,212		507,880	525,092		525,092
041	RADIOLOGY-DIAGNOSTIC	93,254			1,847,821		1,847,821
043	RADIOISOTOPE	8,325			129,486		129,486
044	LABORATORY	91,176			1,991,596		1,991,596
044	02 GEO PSYCH	6,776			401,768		401,768
046	WHOLE BLOOD & PACKED RED	1,434			75,993		75,993
049	RESPIRATORY THERAPY	10,362			466,368		466,368
050	PHYSICAL THERAPY	2,282			100,304		100,304
053	ELECTROCARDIOLOGY	7,042			158,962		158,962
055	MEDICAL SUPPLIES CHARGED	21,750			609,216		609,216
056	DRUGS CHARGED TO PATIENTS	26,932			1,072,665		1,072,665
060	OUTPAT SERVICE COST CNTRS						
060	CLINIC	5,555			1,039,681		1,039,681
061	EMERGENCY	24,044			1,683,880		1,683,880
062	OBSERVATION BEDS (NON-DIS						
063	OTHER OUTPATIENT SERVICE						
063	01 DIABETIC EDUCATION	351			72,241		72,241
063	50 RHC -BOWEN	5,603			327,880		327,880
063	51 RHC-WOMEN & FAMILY CLINIC	15,608			1,239,523		1,239,523
065	OTHER REIMBURS COST CNTRS						
065	AMBULANCE SERVICES						
095	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS	407,175	50,323	507,880	19,619,006		19,619,006
096	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP				11,890		11,890
098	PHYSICIANS' PRIVATE OFFIC	78,790			537,157		537,157
100	NAUVOO APARTMENTS				29,052		29,052
100	01 BEAUTY SHOP				13,089		13,089
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL	485,965	50,323	507,880	20,210,194		20,210,194

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO:

I 14-1305

I

I PERIOD:

I FROM 7/ 1/2009

I TO 6/30/2010

I PREPARED 11/23/2010

I WORKSHEET B

I PART III

COST CENTER DESCRIPTION		DIR ASSIGNED NEW CAPITAL REL COSTS 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-NH BLDG 3.01	NEW CAP REL C OSTS-BLDG & 3.02	NEW CAP REL C OSTS-MVBLE E 4	NEW CAP REL C OSTS-NH ME 4.01	SUBTOTAL 4a
003	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-NH BLDG							
003	02 NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
004	01 NEW CAP REL COSTS-NH ME							
005	EMPLOYEE BENEFITS							
005	01 SHARED HUMAN RESOURCES							
006	01 HOSPITAL ONLY BUS OFF AND		9,716	9,018	481,076	177,223		677,033
006	02 OTHER ADMINISTRATIVE AND			9,583			2,643	12,226
008	OPERATION OF PLANT		2,282		99,249	37,919		139,450
008	01 OPERATION OF PLANT NURSIN			5,432				5,432
009	LAUNDRY & LINEN SERVICE		498		8,581	4,745		13,824
010	HOUSEKEEPING		60		21,534	6,099		27,693
010	01 HOUSEKEEPING NURSING HOME			279				279
011	DIETARY		629		40,693	14,047		55,369
012	CAFETERIA		247		23,207	7,467		30,921
014	NURSING ADMINISTRATION		54		12,521	3,639		16,214
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY		2,673	2,491	37,185	23,086		65,435
018	SOCIAL SERVICE		54		8,257	2,489		10,800
020	NONPHYSICIAN ANESTHETISTS							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		2,530		461,920	136,945		601,395
026	INTENSIVE CARE UNIT		95			466		561
033	NURSERY				10,632	2,868		13,500
036	OTHER LONG TERM CARE			69,611			20,774	90,385
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		1,171		189,215	56,755		247,141
039	DELIVERY ROOM & LABOR ROO		185		41,826	12,184		54,195
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC		1,254		209,129	62,533		272,916
043	RADIOISOTOPE		89		14,626	4,381		19,096
044	LABORATORY		790		79,712	25,357		105,859
044	02 GEO PSYCH		3,566			17,424		20,990
046	WHOLE BLOOD & PACKED RED							
049	RESPIRATORY THERAPY		170	2,670	32,651	9,636		45,127
050	PHYSICAL THERAPY			1,010	12,251	3,304	279	16,844
053	ELECTROCARDIOLOGY		551		53,105	17,016		70,672
055	MEDICAL SUPPLIES CHARGED		667	345	15,381	7,409	95	23,897
056	DRUGS CHARGED TO PATIENTS		110	2,382	59,096	16,478	657	78,723
060	OUTPAT SERVICE COST CNTRS							
060	CLINIC		7,532			36,798		44,330
061	EMERGENCY		426		87,484	25,677		113,587
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063	01 DIABETIC EDUCATION		688			3,362		4,050
063	50 RHC -BOWEN							
063	51 RHC-WOMEN & FAMILY CLINIC							
065	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES							
095	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS		36,037	102,821	1,999,331	715,307	24,448	2,877,944
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		173		3,508	1,790		5,471
098	PHYSICIANS' PRIVATE OFFIC		298	5,529		1,456		7,283
100	NAUVOO APARTMENTS							
100	01 BEAUTY SHOP			497			137	634
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		36,508	108,847	2,002,839	718,553	24,585	2,891,332

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/23/2010
 I 14-1305 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION		EMPLOYEE FITS	BENE SHARED HUMAN RESOURCES	HOSPITAL ONLY BUS OFF AND	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	OPERATION OF PLANT NURSIN	LAUNDRY & LIN EN SERVICE
		5	5.01	6.01	6.02	8	8.01	9
003	GENERAL SERVICE COST CNTR							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
004	01 NEW CAP REL COSTS-NH ME							
005	EMPLOYEE BENEFITS							
005	01 SHARED HUMAN RESOURCES							
006	01 HOSPITAL ONLY BUS OFF AND			677,033				
006	02 OTHER ADMINISTRATIVE AND			58,862	71,088			
008	OPERATION OF PLANT			35,187	3,506	178,143		
008	01 OPERATION OF PLANT NURSIN				1,320		6,752	
009	LAUNDRY & LINEN SERVICE			2,808	280	1,920		18,832
010	HOUSEKEEPING			8,953	892	2,468		
010	01 HOUSEKEEPING NURSING HOME				369		22	
011	DIETARY			8,296	826	5,684		78
012	CAFETERIA			8,421	839	3,022		284
014	NURSING ADMINISTRATION			7,013	699	1,473		
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY			14,796	1,474	4,718	198	
018	SOCIAL SERVICE			1,396	139	1,007		
020	NONPHYSICIAN ANESTHETISTS			17,695	1,765			
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS			95,136	9,387	55,416		9,681
026	INTENSIVE CARE UNIT			24	2	188		
033	NURSERY			6,930	743	1,160		
036	OTHER LONG TERM CARE				7,630		5,542	
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM			32,037	3,188	22,966		3,306
039	DELIVERY ROOM & LABOR ROO			8,776	874	4,930		
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC			53,376	5,316	25,304		2,281
043	RADIOISOTOPE			3,832	382	1,773		
044	LABORATORY			62,238	6,205	9,896		143
044	02 GEO PSYCH			13,261	1,323	884		
046	WHOLE BLOOD & PACKED RED			2,629	262			
049	RESPIRATORY THERAPY			13,799	1,358	3,899	213	298
050	PHYSICAL THERAPY			2,324	291	1,337	80	
053	ELECTROCARDIOLOGY			3,745	362	6,886		
055	MEDICAL SUPPLIES CHARGED			19,724	1,967	2,998	27	
056	DRUGS CHARGED TO PATIENTS			34,319	3,421	6,479	190	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC			35,633	3,587	1,861		224
061	EMERGENCY			53,822	5,366	10,390		2,285
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063	01 DIABETIC EDUCATION			2,369	236			
063	50 RHC -BOWEN			11,357	1,133			42
063	51 RHC-WOMEN & FAMILY CLINIC			46,679	4,302			173
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS			665,437	69,444	176,659	6,272	18,795
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP			238	24	724		
098	PHYSICIANS' PRIVATE OFFIC			11,358	1,487	589	440	
100	NAUVOO APARTMENTS				97	171		37
100	01 BEAUTY SHOP				36		40	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL			677,033	71,088	178,143	6,752	18,832

COST CENTER DESCRIPTION		HOUSEKEEPING	HOUSEKEEPING NURSING HOME	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
		10	10.01	11	12	14	15	16
003	GENERAL SERVICE COST CNTR							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-NH BLDG							
003	02 NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
004	01 NEW CAP REL COSTS-NH ME							
005	EMPLOYEE BENEFITS							
005	01 SHARED HUMAN RESOURCES							
006	01 HOSPITAL ONLY BUS OFF AND							
006	02 OTHER ADMINISTRATIVE AND							
008	OPERATION OF PLANT							
008	01 OPERATION OF PLANT NURSIN							
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING	40,006						
010	01 HOUSEKEEPING NURSING HOME		670					
011	DIETARY	1,309		71,562				
012	CAFETERIA	696			44,183			
014	NURSING ADMINISTRATION	339			1,103	26,841		
015	CENTRAL SERVICES & SUPPLY							
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY	1,086	20		3,206			
018	SOCIAL SERVICE	232			322	217		
020	NONPHYSICIAN ANESTHETISTS				536	361		
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	12,760		71,510	13,187	8,876		
026	INTENSIVE CARE UNIT	43		52				
033	NURSERY	267			1,361	916		
036	OTHER LONG TERM CARE		551					
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	5,288			3,161	2,128		
039	DELIVERY ROOM & LABOR ROO	1,135			1,259	847		
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	5,826			4,565	3,073		
043	RADIOISOTOPE	408						
044	LABORATORY	2,278			5,737	3,862		
044	02 GEO PSYCH	203			1,114	750		
046	WHOLE BLOOD & PACKED RED							
049	RESPIRATORY THERAPY	898	21		2,244	1,511		
050	PHYSICAL THERAPY	308	8					
053	ELECTROCARDIOLOGY	1,585						
055	MEDICAL SUPPLIES CHARGED	690	3		435	293		
056	DRUGS CHARGED TO PATIENTS	1,492	19		1,181	795		
	OUTPAT SERVICE COST CNTRS							
060	CLINIC	429						
061	EMERGENCY	2,392			4,357	2,933		
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
063	01 DIABETIC EDUCATION				415	279		
063	50 RHC -BOWEN							
063	51 RHC-WOMEN & FAMILY CLINIC							
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	39,664	622	71,562	44,183	26,841		
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	167						
098	PHYSICIANS' PRIVATE OFFIC	136	44					
100	NAUVOO APARTMENTS	39						
100	01 BEAUTY SHOP		4					
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	40,006	670	71,562	44,183	26,841		

COST CENTER DESCRIPTION		MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		17	18	20	25	26	27
003	GENERAL SERVICE COST CNTR						
003	NEW CAP REL COSTS-BLDG &						
003	01 NEW CAP REL COSTS-NH BLDG						
003	02 NEW CAP REL COSTS-BLDG &						
004	NEW CAP REL COSTS-MVBLE E						
004	01 NEW CAP REL COSTS-NH ME						
005	EMPLOYEE BENEFITS						
005	01 SHARED HUMAN RESOURCES						
006	01 HOSPITAL ONLY BUS OFF AND						
006	02 OTHER ADMINISTRATIVE AND						
008	OPERATION OF PLANT						
008	01 OPERATION OF PLANT NURSIN						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
010	01 HOUSEKEEPING NURSING HOME						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY	90,933					
018	SOCIAL SERVICE		14,113				
020	NONPHYSICIAN ANESTHETISTS			20,357			
	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS	8,064	14,113		899,525		899,525
026	INTENSIVE CARE UNIT	13			883		883
033	NURSERY	238			25,115		25,115
036	OTHER LONG TERM CARE				104,108		104,108
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	4,414			323,629		323,629
039	DELIVERY ROOM & LABOR ROO	267			72,283		72,283
040	ANESTHESIOLOGY	3,220			3,220		3,220
041	RADIOLOGY-DIAGNOSTIC	17,463			390,120		390,120
043	RADIOISOTOPE	1,557			27,048		27,048
044	LABORATORY	17,058			213,276		213,276
044	02 GEO PSYCH	1,268			39,793		39,793
046	WHOLE BLOOD & PACKED RED	268			3,159		3,159
049	RESPIRATORY THERAPY	1,939			71,307		71,307
050	PHYSICAL THERAPY	427			21,619		21,619
053	ELECTROCARDIOLOGY	1,317			84,567		84,567
055	MEDICAL SUPPLIES CHARGED	4,069			54,103		54,103
056	DRUGS CHARGED TO PATIENTS	5,039			131,658		131,658
	OUTPAT SERVICE COST CNTRS						
060	CLINIC	1,039			87,103		87,103
061	EMERGENCY	4,498			199,630		199,630
062	OBSERVATION BEDS (NON-DIS						
063	OTHER OUTPATIENT SERVICE						
063	01 DIABETIC EDUCATION	66			7,415		7,415
063	50 RHC -BOWEN	1,048			13,580		13,580
063	51 RHC-WOMEN & FAMILY CLINIC	2,920			54,074		54,074
	OTHER REIMBURS COST CNTRS						
065	AMBULANCE SERVICES						
	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS	76,192	14,113		2,827,215		2,827,215
	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP				6,624		6,624
098	PHYSICIANS' PRIVATE OFFIC	14,741			36,078		36,078
100	NAUVOO APARTMENTS				344		344
100	01 BEAUTY SHOP				714		714
101	CROSS FOOT ADJUSTMENTS			20,357	20,357		20,357
102	NEGATIVE COST CENTER						
103	TOTAL	90,933	14,113	20,357	2,891,332		2,891,332

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION		SHARED HUMAN RESOURCES	HOSPITAL ONLY BUS OFF AND	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	OPERATION OF PLANT NURSIN	LAUNDRY & LIN EN SERVICE
		(HOSP/NH SS	GRO(HOSP ONLY SAL)CUM.	AC RECONCIL- IATION	(ACCUM. COST	(HOSP ONLY SQU(NH/MSS SQUARE(POUNDS OF FEET)LAUNDRY)	
		5.01	6.01	6a.02	6.02	8	8.01 9
GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD						
003 01	NEW CAP REL COSTS-NH						
003 02	NEW CAP REL COSTS-BLD						
004	NEW CAP REL COSTS-MVB						
004 01	NEW CAP REL COSTS-NH						
005	EMPLOYEE BENEFITS						
005 01	SHARED HUMAN RESOURCE	8,301,098					
006 01	HOSPITAL ONLY BUS OFF	509,822	15,642,292				
006 02	OTHER ADMINISTRATIVE	828,510	1,359,963	-1,541,915	18,668,279		
008	OPERATION OF PLANT	134,175	812,968		920,722	30,244	
008 01	OPERATION OF PLANT NU	83,632			346,636		41,297
009	LAUNDRY & LINEN SERVI	1,466	64,884		73,477	326	87,690
010	HOUSEKEEPING	96,725	206,860		234,316	419	
010 01	HOUSEKEEPING NURSING	87,892			96,771		136
011	DIETARY	105,787	191,668		216,897	965	364
012	CAFETERIA	100,358	194,558		220,351	513	1,324
014	NURSING ADMINISTRATIO	101,937	162,041		183,593	250	
015	CENTRAL SERVICES & SU						
016	PHARMACY						
017	MEDICAL RECORDS & LIB	167,457	341,848		387,205	801	1,213
018	SOCIAL SERVICE	16,165	32,247		36,476	171	
020	NONPHYSICIAN ANESTHET	297,025	408,823		463,520		
	INPAT ROUTINE SRVC CN						
025	ADULTS & PEDIATRICS	1,174,474	2,197,971		2,465,148	9,408	45,076
026	INTENSIVE CARE UNIT		561		636	32	
033	NURSERY	119,162	160,108		195,029	197	
036	OTHER LONG TERM CARE	1,048,321			2,003,596		33,894
	ANCILLARY SRVC COST C						
037	OPERATING ROOM	284,914	740,184		837,281	3,899	15,396
039	DELIVERY ROOM & LABOR	110,189	202,758		229,458	837	
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC	425,977	1,233,215		1,396,070	4,296	10,620
043	RADIOISOTOPE		88,537		100,233	301	
044	LABORATORY	446,868	1,437,965		1,629,539	1,680	667
044 02	GEO PSYCH	54,640	306,382		347,373	150	
046	WHOLE BLOOD & PACKED		60,744		68,871		
049	RESPIRATORY THERAPY	156,266	318,820		356,706	662	1,300
050	PHYSICAL THERAPY		53,693		76,432	227	492
053	ELECTROCARDIOLOGY	7,708	86,528		94,951	1,169	
055	MEDICAL SUPPLIES CHAR	29,499	455,713		516,527	509	168
056	DRUGS CHARGED TO PATI	147,159	792,911		898,392	1,100	1,160
	OUTPAT SERVICE COST C						
060	CLINIC	409,639	823,281		941,969	316	1,044
061	EMERGENCY	461,440	1,243,529		1,409,009	1,764	10,641
062	OBSERVATION BEDS (NON						
063	OTHER OUTPATIENT SERV						
063 01	DIABETIC EDUCATION	36,136	54,741		62,064		
063 50	RHC -BOWEN	144,102	262,397		297,504		195
063 51	RHC-WOMEN & FAMILY CL	502,078	1,078,477		1,129,773		804
	OTHER REIMBURS COST C						
065	AMBULANCE SERVICES						
	SPEC PURPOSE COST CEN						
095	SUBTOTALS	8,089,523	15,374,375	-1,541,915	18,236,525	29,992	38,363 87,520
	NONREIMBURS COST CENT						
096	GIFT, FLOWER, COFFEE		5,507		6,208	123	
098	PHYSICIANS' PRIVATE O	204,154	262,410		390,514	100	2,692
100	NAUVOO APARTMENTS				25,548	29	170
100 01	BEAUTY SHOP	7,421			9,484		242
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED	103,344	2,092,815		1,541,915	996,769	375,266 90,290
	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER		.133792		.082595		9.087004
	(WRKSHT B, PT I)	.012449				32.957578	1.029650
105	COST TO BE ALLOCATED						
	(WRKSHT B, PART II)						
106	UNIT COST MULTIPLIER						
	(WRKSHT B, PT II)						
107	COST TO BE ALLOCATED		677,033		71,088	178,143	6,752 18,832
	(WRKSHT B, PART III						
108	UNIT COST MULTIPLIER		.043282		.003808		.163499
	(WRKSHT B, PT III)					5.890193	.214757

COST CENTER DESCRIPTION	HOUSEKEEPING (HOSP ONLY ARE	HOUSEKEEPING NURSING SQU(NH/MSS FT)	DIETARY (HOSP PATIENT DAYS	CAFETERIA (HOURS OF)SERVICE	NURSING ADMIN ISTRATION (DIRECT)NRSING HRS	CENTRAL SERVI CES & SUPPLY (COSTED)REQUIS.	PHARMACY (COSTED)REQUIS.)
	10	10.01	11	12	14	15	16	
003 GENERAL SERVICE COST								
003 01 NEW CAP REL COSTS-BLD								
003 02 NEW CAP REL COSTS-NH								
004 NEW CAP REL COSTS-MVB								
004 01 NEW CAP REL COSTS-NH								
005 EMPLOYEE BENEFITS								
005 01 SHARED HUMAN RESOURCE								
006 01 HOSPITAL ONLY BUS OFF								
006 02 OTHER ADMINISTRATIVE								
008 OPERATION OF PLANT								
008 01 OPERATION OF PLANT NU								
009 LAUNDRY & LINEN SERVI								
010 HOUSEKEEPING	29,499							
010 01 HOUSEKEEPING NURSING		41,161						
011 DIETARY	965		2,744					
012 CAFETERIA	513			173,256				
014 NURSING ADMINISTRATIO	250			4,326	156,360			
015 CENTRAL SERVICES & SU								
016 PHARMACY								
017 MEDICAL RECORDS & LIB	801	1,213		12,570				
018 SOCIAL SERVICE	171			1,262	1,262			
020 NONPHYSICIAN ANESTHET				2,103	2,103			
025 ADULTS & PEDIATRICS	9,408		2,742	51,711	51,711			
026 INTENSIVE CARE UNIT	32		2					
033 NURSERY	197			5,338	5,338			
036 OTHER LONG TERM CARE		33,894						
037 ANCILLARY SRVC COST C								
037 OPERATING ROOM	3,899			12,397	12,397			
039 DELIVERY ROOM & LABOR	837			4,936	4,936			
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC	4,296			17,899	17,899			
043 RADIOISOTOPE	301							
044 LABORATORY	1,680			22,497	22,497			
044 02 GEO PSYCH	150			4,369	4,369			
046 WHOLE BLOOD & PACKED								
049 RESPIRATORY THERAPY	662	1,300		8,800	8,800			
050 PHYSICAL THERAPY	227	492						
053 ELECTROCARDIOLOGY	1,169							
055 MEDICAL SUPPLIES CHAR	509	168		1,705	1,705			
056 DRUGS CHARGED TO PATI	1,100	1,160		4,632	4,632			
060 OUTPAT SERVICE COST C								
060 CLINIC	316							
061 EMERGENCY	1,764			17,084	17,084			
062 OBSERVATION BEDS (NON								
063 OTHER OUTPATIENT SERV								
063 01 DIABETIC EDUCATION				1,627	1,627			
063 50 RHC -BOWEN								
063 51 RHC-WOMEN & FAMILY CL								
065 OTHER REIMBURS COST C								
065 AMBULANCE SERVICES								
095 SPEC PURPOSE COST CEN								
095 SUBTOTALS	29,247	38,227	2,744	173,256	156,360			
096 NONREIMBURS COST CENT								
096 GIFT, FLOWER, COFFEE	123							
098 PHYSICIANS' PRIVATE O	100	2,692						
100 NAUVOO APARTMENTS	29							
100 01 BEAUTY SHOP		242						
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	267,478	106,000	275,741	261,473	215,792			
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		2.575253		1.509171				
(WRKSHT B, PT I)								
105 COST TO BE ALLOCATED	9.067358		100.488703		1.380097			
(WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER								
(WRKSHT B, PT II)								
107 COST TO BE ALLOCATED	40,006	670	71,562	44,183	26,841			
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		.016278		.255016				
(WRKSHT B, PT III)								
	1.356182		26.079446		.171662			

COST CENTER DESCRIPTION		MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	NONPHYSICIAN ANESTHETISTS
		(GROSS REVENUES	(TIME)SPENT	(ASSIGNED)TIME
		17	18	20
003	GENERAL SERVICE COST			
003	01 NEW CAP REL COSTS-BLD			
003	02 NEW CAP REL COSTS-NH			
004	NEW CAP REL COSTS-MVB			
004	01 NEW CAP REL COSTS-NH			
005	EMPLOYEE BENEFITS			
005	01 SHARED HUMAN RESOURCE			
006	01 HOSPITAL ONLY BUS OFF			
006	02 OTHER ADMINISTRATIVE			
008	OPERATION OF PLANT			
008	01 OPERATION OF PLANT NU			
009	LAUNDRY & LINEN SERVI			
010	HOUSEKEEPING			
010	01 HOUSEKEEPING NURSING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATIO			
015	CENTRAL SERVICES & SU			
016	PHARMACY			
017	MEDICAL RECORDS & LIB	31,979,443		
018	SOCIAL SERVICE		309	
020	NONPHYSICIAN ANESTHET			2,080
	INPAT ROUTINE SRVC CN			
025	ADULTS & PEDIATRICS	2,836,584	309	
026	INTENSIVE CARE UNIT	4,528		
033	NURSERY	83,776		
036	OTHER LONG TERM CARE			
	ANCILLARY SRVC COST C			
037	OPERATING ROOM	1,552,597		
039	DELIVERY ROOM & LABOR	94,065		
040	ANESTHESIOLOGY	1,132,665		2,080
041	RADIOLOGY-DIAGNOSTIC	6,136,425		
043	RADIOISOTOPE	547,810		
044	LABORATORY	6,000,008		
044	02 GEO PSYCH	445,919		
046	WHOLE BLOOD & PACKED	94,342		
049	RESPIRATORY THERAPY	681,876		
050	PHYSICAL THERAPY	150,197		
053	ELECTROCARDIOLOGY	463,408		
055	MEDICAL SUPPLIES CHAR	1,431,278		
056	DRUGS CHARGED TO PATI	1,772,303		
	OUTPAT SERVICE COST C			
060	CLINIC	365,584		
061	EMERGENCY	1,582,230		
062	OBSERVATION BEDS (NON			
063	OTHER OUTPATIENT SERV			
063	01 DIABETIC EDUCATION	23,083		
063	50 RHC -BOWEN	368,708		
063	51 RHC-WOMEN & FAMILY CL	1,027,118		
	OTHER REIMBURS COST C			
065	AMBULANCE SERVICES			
	SPEC PURPOSE COST CEN			
095	SUBTOTALS	26,794,504	309	2,080
	NONREIMBURS COST CENT			
096	GIFT, FLOWER, COFFEE			
098	PHYSICIANS' PRIVATE O	5,184,939		
100	NAUVOO APARTMENTS			
100	01 BEAUTY SHOP			
101	CROSS FOOT ADJUSTMENT			
102	NEGATIVE COST CENTER			
103	COST TO BE ALLOCATED	485,965	50,323	507,880
	(PER WRKSHT B, PART			
104	UNIT COST MULTIPLIER		162.857605	
	(WRKSHT B, PT I)	.015196		244.173077
105	COST TO BE ALLOCATED			
	(PER WRKSHT B, PART			
106	UNIT COST MULTIPLIER			
	(WRKSHT B, PT II)			
107	COST TO BE ALLOCATED	90,933	14,113	20,357
	(PER WRKSHT B, PART			
108	UNIT COST MULTIPLIER		45.673139	
	(WRKSHT B, PT III)	.002843		9.787019

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO:

I 14-1305

I

I PERIOD:

I FROM 7/ 1/2009

I TO 6/30/2010

I PREPARED 11/23/2010

I WORKSHEET C

I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	3,628,923		3,628,923		
33	INTENSIVE CARE UNIT	2,304		2,304		
36	NURSERY	236,112		236,112		
37	OTHER LONG TERM CARE	2,564,362		2,564,362		
39	ANCILLARY SRVC COST CNTRS					
40	OPERATING ROOM	1,145,555		1,145,555		
41	DELIVERY ROOM & LABOR ROO	299,274		299,274		
43	ANESTHESIOLOGY	525,092		525,092		
44	RADIOLOGY-DIAGNOSTIC	1,847,821		1,847,821		
46	RADIOISOTOPE	129,486		129,486		
50	LABORATORY	1,991,596		1,991,596		
53	02 GEO PSYCH	401,768		401,768		
55	WHOLE BLOOD & PACKED RED	75,993		75,993		
56	RESPIRATORY THERAPY	466,368		466,368		
60	PHYSICAL THERAPY	100,304		100,304		
61	ELECTROCARDIOLOGY	158,962		158,962		
62	MEDICAL SUPPLIES CHARGED	609,216		609,216		
63	DRUGS CHARGED TO PATIENTS	1,072,665		1,072,665		
63	OUTPAT SERVICE COST CNTRS					
63	CLINIC	1,039,681		1,039,681		
63	EMERGENCY	1,683,880		1,683,880		
63	OBSERVATION BEDS (NON-DIS	618,225		618,225		
63	OTHER OUTPATIENT SERVICE					
63	01 DIABETIC EDUCATION	72,241		72,241		
63	50 RHC -BOWEN	327,880		327,880		
63	51 RHC-WOMEN & FAMILY CLINIC	1,239,523		1,239,523		
65	OTHER REIMBURS COST CNTRS					
101	AMBULANCE SERVICES					
102	SUBTOTAL	20,237,231		20,237,231		
103	LESS OBSERVATION BEDS	618,225		618,225		
103	TOTAL	19,619,006		19,619,006		

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/23/2010
 I 14-1305 I FROM 7/ 1/2009 I WORKSHEET C
 I I TO 6/30/2010 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,916,991		1,916,991			
26	INTENSIVE CARE UNIT	4,528		4,528			
33	NURSERY	83,776		83,776			
36	OTHER LONG TERM CARE	2,427,041		2,427,041			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	311,721	1,240,876	1,552,597	.737832	.737832	
39	DELIVERY ROOM & LABOR ROO	94,065		94,065	3.181566	3.181566	
40	ANESTHESIOLOGY	190,133	942,532	1,132,665	.463590	.463590	
41	RADIOLOGY-DIAGNOSTIC	517,686	5,618,739	6,136,425	.301123	.301123	
43	RADIOISOTOPE	19,002	528,808	547,810	.236370	.236370	
44	LABORATORY	889,048	5,110,960	6,000,008	.331932	.331932	
44	02 GEO PSYCH		445,919	445,919	.900989	.900989	
46	WHOLE BLOOD & PACKED RED	48,722	45,620	94,342	.805506	.805506	
49	RESPIRATORY THERAPY	273,016	408,860	681,876	.683948	.683948	
50	PHYSICAL THERAPY	128,860	21,337	150,197	.667816	.667816	
53	ELECTROCARDIOLOGY	48,047	415,361	463,408	.343028	.343028	
55	MEDICAL SUPPLIES CHARGED	694,857	736,421	1,431,278	.425645	.425645	
56	DRUGS CHARGED TO PATIENTS	825,173	947,130	1,772,303	.605238	.605238	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,000	364,584	365,584	2.843891	2.843891	
61	EMERGENCY	19,643	1,562,587	1,582,230	1.064245	1.064245	
62	OBSERVATION BEDS (NON-DIS	20,973	898,620	919,593	.672281	.672281	
63	OTHER OUTPATIENT SERVICE						
63	01 DIABETIC EDUCATION		23,083	23,083	3.129619	3.129619	
63	50 RHC -BOWEN		368,708	368,708	.889267	.889267	
63	51 RHC-WOMEN & FAMILY CLINIC		1,027,118	1,027,118	1.206797	1.206797	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	8,514,282	20,707,263	29,221,545			
102	LESS OBSERVATION BEDS						
103	TOTAL	8,514,282	20,707,263	29,221,545			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO:
I 14-1305
I

I PERIOD:
I FROM 7/ 1/2009
I TO 6/30/2010

I PREPARED 11/23/2010
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	3,628,923		3,628,923		
26	INTENSIVE CARE UNIT	2,304		2,304		
33	NURSERY	236,112		236,112		
36	OTHER LONG TERM CARE	2,564,362		2,564,362		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,145,555		1,145,555		
39	DELIVERY ROOM & LABOR ROO	299,274		299,274		
40	ANESTHESIOLOGY	525,092		525,092		
41	RADIOLOGY-DIAGNOSTIC	1,847,821		1,847,821		
43	RADIOISOTOPE	129,486		129,486		
44	LABORATORY	1,991,596		1,991,596		
44	02 GEO PSYCH	401,768		401,768		
46	WHOLE BLOOD & PACKED RED	75,993		75,993		
49	RESPIRATORY THERAPY	466,368		466,368		
50	PHYSICAL THERAPY	100,304		100,304		
53	ELECTROCARDIOLOGY	158,962		158,962		
55	MEDICAL SUPPLIES CHARGED	609,216		609,216		
56	DRUGS CHARGED TO PATIENTS	1,072,665		1,072,665		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,039,681		1,039,681		
61	EMERGENCY	1,683,880		1,683,880		
62	OBSERVATION BEDS (NON-DIS	618,225		618,225		
63	OTHER OUTPATIENT SERVICE					
63	01 DIABETIC EDUCATION	72,241		72,241		
63	50 RHC -BOWEN	327,880		327,880		
63	51 RHC-WOMEN & FAMILY CLINIC	1,239,523		1,239,523		
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	20,237,231		20,237,231		
102	LESS OBSERVATION BEDS	618,225		618,225		
103	TOTAL	19,619,006		19,619,006		

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEETI PROVIDER NO:
I 14-1305
II PERIOD:
I FROM 7/ 1/2009
I TO 6/30/2010I PREPARED 11/23/2010
I WORKSHEET C
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	1,916,991		1,916,991			
26	INTENSIVE CARE UNIT	4,528		4,528			
33	NURSERY	83,776		83,776			
36	OTHER LONG TERM CARE	2,427,041		2,427,041			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	311,721	1,240,876	1,552,597	.737832	.737832	
39	DELIVERY ROOM & LABOR ROO	94,065		94,065	3.181566	3.181566	
40	ANESTHESIOLOGY	190,133	942,532	1,132,665	.463590	.463590	
41	RADIOLOGY-DIAGNOSTIC	517,686	5,618,739	6,136,425	.301123	.301123	
43	RADIOISOTOPE	19,002	528,808	547,810	.236370	.236370	
44	LABORATORY	889,048	5,110,960	6,000,008	.331932	.331932	
44	02 GEO PSYCH		445,919	445,919	.900989	.900989	
46	WHOLE BLOOD & PACKED RED	48,722	45,620	94,342	.805506	.805506	
49	RESPIRATORY THERAPY	273,016	408,860	681,876	.683948	.683948	
50	PHYSICAL THERAPY	128,860	21,337	150,197	.667816	.667816	
53	ELECTROCARDIOLOGY	48,047	415,361	463,408	.343028	.343028	
55	MEDICAL SUPPLIES CHARGED	694,857	736,421	1,431,278	.425645	.425645	
56	DRUGS CHARGED TO PATIENTS	825,173	947,130	1,772,303	.605238	.605238	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,000	364,584	365,584	2.843891	2.843891	
61	EMERGENCY	19,643	1,562,587	1,582,230	1.064245	1.064245	
62	OBSERVATION BEDS (NON-DIS	20,973	898,620	919,593	.672281	.672281	
63	OTHER OUTPATIENT SERVICE						
63	01 DIABETIC EDUCATION		23,083	23,083	3.129619	3.129619	
63	50 RHC -BOWEN		368,708	368,708	.889267	.889267	
63	51 RHC-WOMEN & FAMILY CLINIC		1,027,118	1,027,118	1.206797	1.206797	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	8,514,282	20,707,263	29,221,545			
102	LESS OBSERVATION BEDS						
103	TOTAL	8,514,282	20,707,263	29,221,545			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
39	OPERATING ROOM	1,145,555	323,629	821,926			1,145,555
40	DELIVERY ROOM & LABOR ROO	299,274	72,283	226,991			299,274
41	ANESTHESIOLOGY	525,092	3,220	521,872			525,092
43	RADIOLOGY-DIAGNOSTIC	1,847,821	390,120	1,457,701			1,847,821
44	RADIOISOTOPE	129,486	27,048	102,438			129,486
44	LABORATORY	1,991,596	213,276	1,778,320			1,991,596
44	02 GEO PSYCH	401,768	39,793	361,975			401,768
46	WHOLE BLOOD & PACKED RED	75,993	3,159	72,834			75,993
49	RESPIRATORY THERAPY	466,368	71,307	395,061			466,368
50	PHYSICAL THERAPY	100,304	21,619	78,685			100,304
53	ELECTROCARDIOLOGY	158,962	84,567	74,395			158,962
55	MEDICAL SUPPLIES CHARGED	609,216	54,103	555,113			609,216
56	DRUGS CHARGED TO PATIENTS	1,072,665	131,658	941,007			1,072,665
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,039,681	87,103	952,578			1,039,681
61	EMERGENCY	1,683,880	199,630	1,484,250			1,683,880
62	OBSERVATION BEDS (NON-DIS	618,225		618,225			618,225
63	OTHER OUTPATIENT SERVICE						
63	01 DIABETIC EDUCATION	72,241	7,415	64,826			72,241
63	50 RHC -BOWEN	327,880	13,580	314,300			327,880
63	51 RHC-WOMEN & FAMILY CLINIC	1,239,523	54,074	1,185,449			1,239,523
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	13,805,530	1,797,584	12,007,946			13,805,530
102	LESS OBSERVATION BEDS	618,225		618,225			618,225
103	TOTAL	13,187,305	1,797,584	11,389,721			13,187,305

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	1,552,597	.737832	.737832
39	DELIVERY ROOM & LABOR ROO	94,065	3.181566	3.181566
40	ANESTHESIOLOGY	1,132,665	.463590	.463590
41	RADIOLOGY-DIAGNOSTIC	6,136,425	.301123	.301123
43	RADIOISOTOPE	547,810	.236370	.236370
44	LABORATORY	6,000,008	.331932	.331932
44 02	GEO PSYCH	445,919	.900989	.900989
46	WHOLE BLOOD & PACKED RED	94,342	.805506	.805506
49	RESPIRATORY THERAPY	681,876	.683948	.683948
50	PHYSICAL THERAPY	150,197	.667816	.667816
53	ELECTROCARDIOLOGY	463,408	.343028	.343028
55	MEDICAL SUPPLIES CHARGED	1,431,278	.425645	.425645
56	DRUGS CHARGED TO PATIENTS	1,772,303	.605238	.605238
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	365,584	2.843891	2.843891
61	EMERGENCY	1,582,230	1.064245	1.064245
62	OBSERVATION BEDS (NON-DIS	919,593	.672281	.672281
63	OTHER OUTPATIENT SERVICE			
63 01	DIABETIC EDUCATION	23,083	3.129619	3.129619
63 50	RHC -BOWEN	368,708	.889267	.889267
63 51	RHC-WOMEN & FAMILY CLINIC	1,027,118	1.206797	1.206797
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	24,789,209		
102	LESS OBSERVATION BEDS	919,593		
103	TOTAL	23,869,616		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
39	OPERATING ROOM	1,145,555	323,629	821,926			1,145,555
40	DELIVERY ROOM & LABOR ROO	299,274	72,283	226,991			299,274
41	ANESTHESIOLOGY	525,092	3,220	521,872			525,092
43	RADIOLOGY-DIAGNOSTIC	1,847,821	390,120	1,457,701			1,847,821
44	RADIOISOTOPE	129,486	27,048	102,438			129,486
44	LABORATORY	1,991,596	213,276	1,778,320			1,991,596
44	02 GEO PSYCH	401,768	39,793	361,975			401,768
46	WHOLE BLOOD & PACKED RED	75,993	3,159	72,834			75,993
49	RESPIRATORY THERAPY	466,368	71,307	395,061			466,368
50	PHYSICAL THERAPY	100,304	21,619	78,685			100,304
53	ELECTROCARDIOLOGY	158,962	84,567	74,395			158,962
55	MEDICAL SUPPLIES CHARGED	609,216	54,103	555,113			609,216
56	DRUGS CHARGED TO PATIENTS	1,072,665	131,658	941,007			1,072,665
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,039,681	87,103	952,578			1,039,681
61	EMERGENCY	1,683,880	199,630	1,484,250			1,683,880
62	OBSERVATION BEDS (NON-DIS	618,225		618,225			618,225
63	OTHER OUTPATIENT SERVICE						
63	01 DIABETIC EDUCATION	72,241	7,415	64,826			72,241
63	50 RHC -BOWEN	327,880	13,580	314,300			327,880
63	51 RHC-WOMEN & FAMILY CLINIC	1,239,523	54,074	1,185,449			1,239,523
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	13,805,530	1,797,584	12,007,946			13,805,530
102	LESS OBSERVATION BEDS	618,225		618,225			618,225
103	TOTAL	13,187,305	1,797,584	11,389,721			13,187,305

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	1,552,597	.737832	.737832
39	DELIVERY ROOM & LABOR ROO	94,065	3.181566	3.181566
40	ANESTHESIOLOGY	1,132,665	.463590	.463590
41	RADIOLOGY-DIAGNOSTIC	6,136,425	.301123	.301123
43	RADIOISOTOPE	547,810	.236370	.236370
44	LABORATORY	6,000,008	.331932	.331932
44	02 GEO PSYCH	445,919	.900989	.900989
46	WHOLE BLOOD & PACKED RED	94,342	.805506	.805506
49	RESPIRATORY THERAPY	681,876	.683948	.683948
50	PHYSICAL THERAPY	150,197	.667816	.667816
53	ELECTROCARDIOLOGY	463,408	.343028	.343028
55	MEDICAL SUPPLIES CHARGED	1,431,278	.425645	.425645
56	DRUGS CHARGED TO PATIENTS	1,772,303	.605238	.605238
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	365,584	2.843891	2.843891
61	EMERGENCY	1,582,230	1.064245	1.064245
62	OBSERVATION BEDS (NON-DIS	919,593	.672281	.672281
63	OTHER OUTPATIENT SERVICE			
63	01 DIABETIC EDUCATION	23,083	3.129619	3.129619
63	50 RHC -BOWEN	368,708	.889267	.889267
63	51 RHC-WOMEN & FAMILY CLINIC	1,027,118	1.206797	1.206797
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	24,789,209		
102	LESS OBSERVATION BEDS	919,593		
103	TOTAL	23,869,616		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	TOTAL ANCILLARY CHARGES 2	TOTAL INP ANCILLARY CHARGES 3	CHARGE TO CHARGE RATIO 4	TOTAL INPATIENT COST 5
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	1,145,555	1,552,597			
39	DELIVERY ROOM & LABOR ROO	299,274	94,065			
40	ANESTHESIOLOGY	525,092	1,132,665			
41	RADIOLOGY-DIAGNOSTIC	1,847,821	6,136,425			
43	RADIOISOTOPE	129,486	547,810			
44	LABORATORY	1,991,596	6,000,008			
44	02 GEO PSYCH	401,768	445,919			
46	WHOLE BLOOD & PACKED RED	75,993	94,342			
49	RESPIRATORY THERAPY	466,368	681,876			
50	PHYSICAL THERAPY	100,304	150,197			
53	ELECTROCARDIOLOGY	158,962	463,408			
55	MEDICAL SUPPLIES CHARGED	609,216	1,431,278			
56	DRUGS CHARGED TO PATIENTS	1,072,665	1,772,303			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,039,681	365,584			
61	EMERGENCY	1,683,880	1,582,230			
62	OBSERVATION BEDS (NON-DIS	618,225	919,593			
63	OTHER OUTPATIENT SERVICE					
63	01 DIABETIC EDUCATION	72,241	23,083			
63	50 RHC -BOWEN	327,880	368,708			
63	51 RHC-WOMEN & FAMILY CLINIC	1,239,523	1,027,118			
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	TOTAL	13,805,530	24,789,209			

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/23/2010
I	14-1305	I	FROM 7/ 1/2009	I	WORKSHEET C
I		I	TO 6/30/2010	I	PART V

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	PROVIDER-BASED PHYSICIAN ADJUSTMENT 2	TOTAL COSTS 3	TOTAL ANCILLARY CHARGES 4	TOTAL OUTPATIENT CHARGES 5	RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6	TOTAL OUT- PATIENT COSTS 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	1,145,555		1,145,555	1,552,597			
39	DELIVERY ROOM & LABOR ROO	299,274		299,274	94,065			
40	ANESTHESIOLOGY	525,092		525,092	1,132,665			
41	RADIOLOGY-DIAGNOSTIC	1,847,821		1,847,821	6,136,425			
43	RADIOISOTOPE	129,486		129,486	547,810			
44	LABORATORY	1,991,596		1,991,596	6,000,008			
44 02	GEO PSYCH	401,768		401,768	445,919			
46	WHOLE BLOOD & PACKED RED	75,993		75,993	94,342			
49	RESPIRATORY THERAPY	466,368		466,368	681,876			
50	PHYSICAL THERAPY	100,304		100,304	150,197			
53	ELECTROCARDIOLOGY	158,962		158,962	463,408			
55	MEDICAL SUPPLIES CHARGED	609,216		609,216	1,431,278			
56	DRUGS CHARGED TO PATIENTS	1,072,665		1,072,665	1,772,303			
	OUTPAT SERVICE COST CNTRS							
60	CLINIC	1,039,681	1,037,686	2,077,367	365,584			
61	EMERGENCY	1,683,880	111,682	1,795,562	1,582,230			
62	OBSERVATION BEDS (NON-DIS	618,225		618,225	919,593			
63	OTHER OUTPATIENT SERVICE							
63 01	DIABETIC EDUCATION	72,241		72,241	23,083			
63 50	RHC -BOWEN							
63 51	RHC-WOMEN & FAMILY CLINIC							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	12,238,127	1,149,368	13,387,495	23,393,383			
102	TOTAL OUTPATIENT VISITS							
103	AGGREGATE COST PER VISIT							
104	TITLE V OUTPATIENT VISITS							
105	TITLE XVIII OUTPAT VISITS							
106	TITLE XIX OUTPAT VISITS							
107	TITLE V OUTPAT COSTS							
108	TITLE XVIII OUTPAT COSTS							
109	TITLE XIX OUTPAT COSTS							

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

Hospital I/P
Part B Costs

11

(A)	ANCILLARY SRVC COST CNTRS	
37	OPERATING ROOM	375,333
39	DELIVERY ROOM & LABOR ROOM	
40	ANESTHESIOLOGY	165,342
41	RADIOLOGY-DIAGNOSTIC	581,350
43	RADIOISOTOPE	53,510
44	LABORATORY	623,358
44	02 GEO PSYCH	359,735
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	34,443
49	RESPIRATORY THERAPY	102,663
50	PHYSICAL THERAPY	11,766
53	ELECTROCARDIOLOGY	64,417
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	134,334
56	DRUGS CHARGED TO PATIENTS	360,390
	OUTPAT SERVICE COST CNTRS	
60	CLINIC	229,272
61	EMERGENCY	462,099
62	OBSERVATION BEDS (NON-DISTINCT PART)	280,400
63	OTHER OUTPATIENT SERVICE COST CENTER	
63	01 DIABETIC EDUCATION	21,838
63	50 RHC -BOWEN	
63	51 RHC-WOMEN & FAMILY CLINIC	
	OTHER REIMBURS COST CNTRS	
65	AMBULANCE SERVICES	
101	SUBTOTAL	3,860,250
102	CRNA CHARGES	
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES	
104	NET CHARGES	3,860,250

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,034,006
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,034,006
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.433501
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	774.27
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	2,915,749

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	331,866
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)	330,756
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS	662,622
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS	

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST					
87	NEW CAPITAL-RELATED COST					
88	NON PHYSICIAN ANESTHETIST					
89	MEDICAL EDUCATION					
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

TITLE XVIII, PART A SWING BED SNF

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.737832		
39	DELIVERY ROOM & LABOR ROOM	3.181566		
40	ANESTHESIOLOGY	.463590		
41	RADIOLOGY-DIAGNOSTIC	.301123	9,824	2,958
43	RADIOISOTOPE	.236370		
44	LABORATORY	.331932	52,088	17,290
44	02 GEO PSYCH	.900989		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.805506	680	548
49	RESPIRATORY THERAPY	.683948	50,573	34,589
50	PHYSICAL THERAPY	.667816	84,433	56,386
53	ELECTROCARDIOLOGY	.343028	952	327
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.425645	63,412	26,991
56	DRUGS CHARGED TO PATIENTS	.605238	112,734	68,231
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.843891		
61	EMERGENCY	1.064245		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.672281		
63	OTHER OUTPATIENT SERVICE COST CENTER			
63	01 DIABETIC EDUCATION	3.129619		
63	50 RHC -BOWEN			
63	51 RHC-WOMEN & FAMILY CLINIC			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		374,696	207,320
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		374,696	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	3,860,250
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	3,860,250

COMPUTATION OF LESSER OF COST OR CHARGES

	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	3,898,853
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	CAH DEDUCTIBLES	40,773
18.01	CAH ACTUAL BILLED COINSURANCE	1,127,310
	LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	2,730,770
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	2,730,770
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	2,730,770
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	252,840
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	252,840
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	212,258
28	SUBTOTAL	2,983,610
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	2,983,610
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	2,202,225
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	781,385
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	38,209

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVIII

HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	1,476,349	3	2,210,625
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01	2/ 5/2010		130,119
ADJUSTMENTS TO PROVIDER	.02	5/14/2010		238,869
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50		2/ 5/2010	138,519
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	317,828		-8,400
4 TOTAL INTERIM PAYMENTS		1,794,177		2,202,225
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT		319,031		781,385
AMOUNT (BALANCE DUE)	.01			
BASED ON COST REPORT (1)	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY		2,113,208		2,983,610

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII
 SWING BED SNF

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	591,658	3	
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01	2/ 5/2010		36,408
ADJUSTMENTS TO PROVIDER	.02	5/14/2010		151,176
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99			187,584
4 TOTAL INTERIM PAYMENTS				779,242
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99			NONE
6 DETERMINED NET SETTLEMENT				NONE
AMOUNT (BALANCE DUE)	.01			90,954
BASED ON COST REPORT (1)	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				870,196

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON:

DATE:

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII SWING BED SNF

COMPUTATION OF NET COST OF COVERED SERVICES		PART A 1	PART B 2
1	INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR)	669,248	
2	INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR)		
3	ANCILLARY SERVICES (SEE INSTRUCTIONS)	209,393	
4	PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
5	PROGRAM DAYS	597	
6	INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS)		
7	UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY		
8	SUBTOTAL	878,641	
9	PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS)		
10	SUBTOTAL	878,641	
11	DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES)		
12	SUBTOTAL	878,641	
13	COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES)	8,445	
14	80% OF PART B COSTS		
15	SUBTOTAL	870,196	
16	OTHER ADJUSTMENTS (SPECIFY)		
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL	870,196	
19	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
20	INTERIM PAYMENTS	779,242	
20.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
21	BALANCE DUE PROVIDER/PROGRAM	90,954	
22	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)	8,331	
IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

1	INPATIENT SERVICES	2,275,084
1.01	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL	2,275,084
5	PRIMARY PAYER PAYMENTS	
6	TOTAL COST. FOR CAH (SEE INSTRUCTIONS)	2,297,835
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
7	ROUTINE SERVICE CHARGES	
8	ANCILLARY SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES, NET OF REVENUE	
10	TEACHING PHYSICIANS	
11	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
12	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
13	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	
14	RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000)	
15	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
16	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
17	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
19	COST OF COVERED SERVICES	2,297,835
20	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	239,462
21	EXCESS REASONABLE COST	
22	SUBTOTAL	2,058,373
23	COINSURANCE	
24	SUBTOTAL	2,058,373
25	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS)	54,835
25.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	54,835
25.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	50,387
26	SUBTOTAL	2,113,208
27	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
28	OTHER ADJUSTMENTS (SPECIFY)	
29	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
30	SUBTOTAL	2,113,208
31	SEQUESTRATION ADJUSTMENT	
32	INTERIM PAYMENTS	1,794,177
32.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
33	BALANCE DUE PROVIDER/PROGRAM	319,031
34	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	22,017

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	253,148			
2	TEMPORARY INVESTMENTS	98,106			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	4,923,574			
5	OTHER RECEIVABLES	1,379,991			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,230,000			
7	INVENTORY	253,896			
8	PREPAID EXPENSES	156,175			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	4,834,890			
FIXED ASSETS					
12	LAND	521,757			
12.01					
13	LAND IMPROVEMENTS	341,880			
13.01	LESS ACCUMULATED DEPRECIATION	-149,301			
14	BUILDINGS	23,541,064			
14.01	LESS ACCUMULATED DEPRECIATION	-3,113,532			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	6,614,307			
18.01	LESS ACCUMULATED DEPRECIATION	-3,086,657			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	53,159			
21	TOTAL FIXED ASSETS	24,722,677			
OTHER ASSETS					
22	INVESTMENTS	7,821,759			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	2,277,958			
26	TOTAL OTHER ASSETS	10,099,717			
27	TOTAL ASSETS	39,657,284			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,568,940			
29 SALARIES, WAGES & FEES PAYABLE	863,829			
30 PAYROLL TAXES PAYABLE	127,751			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	557,458			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	98,517			
36 TOTAL CURRENT LIABILITIES	3,216,495			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	20,965,245			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	20,965,245			
43 TOTAL LIABILITIES	24,181,740			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	15,475,544			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	15,475,544			
52 TOTAL LIABILITIES AND FUND BALANCES	39,657,284			

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		16,055,757		
2 NET INCOME (LOSS)		-986,596		
3 TOTAL		15,069,161		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 CAPITAL CONTRIBUTIONS		137,224		
6 UNREALIZED GAINS AND LOSS		159,901		
7 RESTRICTED CONTRIBUTIONS		109,258		
8				
9				
10 TOTAL ADDITIONS		406,383		
11 SUBTOTAL		15,475,544		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		15,475,544		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 CAPITAL CONTRIBUTIONS				
6 UNREALIZED GAINS AND LOSS				
7 RESTRICTED CONTRIBUTIONS				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	2,034,006		2,034,006
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
8 00 OTHER LONG TERM CARE	2,427,041		2,427,041
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	4,461,047		4,461,047
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	4,528		4,528
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	4,528		4,528
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	4,465,575		4,465,575
17 00 ANCILLARY SERVICES	4,148,843		4,148,843
18 00 OUTPATIENT SERVICES		24,115,717	24,115,717
18 50 RHC -BOWEN		368,708	368,708
18 51 RHC-WOMEN & FAMILY CLINIC		1,027,118	1,027,118
20 00 AMBULANCE SERVICES			
24 00 PHYSICIAN OFFICE		280,523	280,523
25 00 TOTAL PATIENT REVENUES	8,614,418	25,792,066	34,406,484

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		22,400,757
ADD (SPECIFY)		
27 00 BAD DEBTS	888,542	
28 00		
29 00		
30 00		
31 00		
32 00		
33 00 TOTAL ADDITIONS		888,542
DEDUCT (SPECIFY)		
34 00 DEDUCT (SPECIFY)		
35 00		
36 00		
37 00		
38 00		
39 00 TOTAL DEDUCTIONS		
40 00 TOTAL OPERATING EXPENSES		23,289,299

DESCRIPTION

1	TOTAL PATIENT REVENUES	34,406,484
2	LESS: ALLOWANCES AND DISCOUNTS ON	13,381,179
3	NET PATIENT REVENUES	21,025,305
4	LESS: TOTAL OPERATING EXPENSES	23,289,299
5	NET INCOME FROM SERVICE TO PATIENT	-2,263,994
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	30,722
7	INCOME FROM INVESTMENTS	252,784
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	63,357
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	198,576
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	4,656
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	153,941
23	GOVERNMENTAL APPROPRIATIONS	450,599
24	HOSPITAL OTHER INCOME	45,444
24.01	EQUITY EARNINGS ON INVESTMENTS	13,763
24.02	NURSING HOME OTHER INCOME	41,039
24.03	NAUVOO APARTMENTS	34,200
24.04		
24.05		
25	TOTAL OTHER INCOME	1,289,081
26	TOTAL	-974,913
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28	LOSS ON DISPOSAL OF FIXED ASSETS	11,683
29		
30	TOTAL OTHER EXPENSES	11,683
31	NET INCOME (OR LOSS) FOR THE PERIO	-986,596

RHC 1

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
1 FACILITY HEALTH CARE STAFF COSTS				
2 PHYSICIAN				
3 PHYSICIAN ASSISTANT	92,012		92,012	
4 NURSE PRACTITIONER				
5 VISITING NURSE				
6 OTHER NURSE				
7 CLINICAL PSYCHOLOGIST				
8 CLINICAL SOCIAL WORKER				
9 LABORATORY TECHNICIAN				
10 OTHER FACILITY HEALTH CARE STAFF COSTS	70,428		70,428	-18,338
11 SUBTOTAL (SUM OF LINES 1-9)	162,440		162,440	-18,338
12 COSTS UNDER AGREEMENT				
13 PHYSICIAN SERVICES UNDER AGREEMENT				
14 PHYSICIAN SUPERVISION UNDER AGREEMENT		30,000	30,000	
15 OTHER COSTS UNDER AGREEMENT				
16 SUBTOTAL (SUM OF LINES 11-13)		30,000	30,000	
17 OTHER HEALTH CARE COSTS				
18 MEDICAL SUPPLIES		8,000	8,000	
19 TRANSPORTATION (HEALTH CARE STAFF)				
20 DEPRECIATION-MEDICAL EQUIPMENT				2,570
21 PROFESSIONAL LIABILITY INSURANCE				
22 OTHER HEALTH CARE COSTS		28,069	28,069	
23 ALLOWABLE GME COSTS				
24 SUBTOTAL (SUM OF LINES 15-20)		36,069	36,069	2,570
25 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	162,440	66,069	228,509	-15,768
26 COSTS OTHER THAN RHC/FQHC SERVICES				
27 PHARMACY				
28 DENTAL				
29 OPTOMETRY				
30 ALL OTHER NONREIMBURSABLE COSTS				
31 NONALLOWABLE GME COSTS				
32 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)				
33 FACILITY OVERHEAD				
34 FACILITY COSTS				
35 ADMINISTRATIVE COSTS		6,404	6,404	
36 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)		6,404	6,404	
37 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	162,440	72,473	234,913	-15,768

RHC 1

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
1 FACILITY HEALTH CARE STAFF COSTS			
2 PHYSICIAN			
3 PHYSICIAN ASSISTANT	92,012		92,012
4 NURSE PRACTITIONER			
5 VISITING NURSE			
6 OTHER NURSE			
7 CLINICAL PSYCHOLOGIST			
8 CLINICAL SOCIAL WORKER			
9 LABORATORY TECHNICIAN			
10 OTHER FACILITY HEALTH CARE STAFF COSTS	52,090		52,090
11 SUBTOTAL (SUM OF LINES 1-9)	144,102		144,102
12 COSTS UNDER AGREEMENT			
13 PHYSICIAN SERVICES UNDER AGREEMENT			
14 PHYSICIAN SUPERVISION UNDER AGREEMENT	30,000		30,000
15 OTHER COSTS UNDER AGREEMENT			
16 SUBTOTAL (SUM OF LINES 11-13)	30,000		30,000
17 OTHER HEALTH CARE COSTS			
18 MEDICAL SUPPLIES	8,000		8,000
19 TRANSPORTATION (HEALTH CARE STAFF)			
20 DEPRECIATION-MEDICAL EQUIPMENT	2,570		2,570
21 PROFESSIONAL LIABILITY INSURANCE			
22 OTHER HEALTH CARE COSTS	28,069		28,069
23 ALLOWABLE GME COSTS			
24 SUBTOTAL (SUM OF LINES 15-20)	38,639		38,639
25 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	212,741		212,741
26 COSTS OTHER THAN RHC/FQHC SERVICES			
27 PHARMACY			
28 DENTAL			
29 OPTOMETRY			
30 ALL OTHER NONREIMBURSABLE COSTS			
31 NONALLOWABLE GME COSTS			
32 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
33 FACILITY OVERHEAD			
34 FACILITY COSTS			
35 ADMINISTRATIVE COSTS	6,404	-3,076	3,328
36 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	6,404	-3,076	3,328
37 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	219,145	-3,076	216,069

RHC 2

	COMPENSATION 1	OTHER COSTS 2	TOTAL 3	RECLASSIFI- CATION 4
1 FACILITY HEALTH CARE STAFF COSTS				
2 PHYSICIAN	260,538		260,538	7,490
3 PHYSICIAN ASSISTANT	179,133		179,133	-17,913
4 NURSE PRACTITIONER				
5 VISITING NURSE				
6 OTHER NURSE				
7 CLINICAL PSYCHOLOGIST				
8 CLINICAL SOCIAL WORKER				
9 LABORATORY TECHNICIAN				
10 OTHER FACILITY HEALTH CARE STAFF COSTS	96,476	5,206	101,682	-23,645
11 SUBTOTAL (SUM OF LINES 1-9)	536,147	5,206	541,353	-34,068
12 COSTS UNDER AGREEMENT				
13 PHYSICIAN SERVICES UNDER AGREEMENT				
14 PHYSICIAN SUPERVISION UNDER AGREEMENT		126,638	126,638	
15 OTHER COSTS UNDER AGREEMENT				
16 SUBTOTAL (SUM OF LINES 11-13)		126,638	126,638	
17 OTHER HEALTH CARE COSTS				
18 MEDICAL SUPPLIES		46,722	46,722	
19 TRANSPORTATION (HEALTH CARE STAFF)				
20 DEPRECIATION-MEDICAL EQUIPMENT				
21 PROFESSIONAL LIABILITY INSURANCE				
22 OTHER HEALTH CARE COSTS		37,234	37,234	
23 ALLOWABLE GME COSTS				
24 SUBTOTAL (SUM OF LINES 15-20)		83,956	83,956	
25 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	536,147	215,800	751,947	-34,068
26 COSTS OTHER THAN RHC/FQHC SERVICES				
27 PHARMACY				
28 DENTAL				
29 OPTOMETRY				
30 ALL OTHER NONREIMBURSABLE COSTS				
31 NONALLOWABLE GME COSTS				
32 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)				
33 FACILITY OVERHEAD				
34 FACILITY COSTS				
35 ADMINISTRATIVE COSTS		111,931	111,931	4,632
36 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)		111,931	111,931	4,632
37 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	536,147	327,731	863,878	-29,436

RHC 2

	RECLASSIFIED TRIAL BALANCE 5	ADJUSTMENTS 6	NET EXPENSES FOR ALLOCATION 7
1 FACILITY HEALTH CARE STAFF COSTS			
2 PHYSICIAN	268,028		268,028
3 PHYSICIAN ASSISTANT	161,220		161,220
4 NURSE PRACTITIONER			
5 VISITING NURSE			
6 OTHER NURSE			
7 CLINICAL PSYCHOLOGIST			
8 CLINICAL SOCIAL WORKER			
9 LABORATORY TECHNICIAN			
10 OTHER FACILITY HEALTH CARE STAFF COSTS	78,037		78,037
11 SUBTOTAL (SUM OF LINES 1-9)	507,285		507,285
12 COSTS UNDER AGREEMENT			
13 PHYSICIAN SERVICES UNDER AGREEMENT			
14 PHYSICIAN SUPERVISION UNDER AGREEMENT	126,638		126,638
15 OTHER COSTS UNDER AGREEMENT			
16 SUBTOTAL (SUM OF LINES 11-13)	126,638		126,638
17 OTHER HEALTH CARE COSTS			
18 MEDICAL SUPPLIES	46,722		46,722
19 TRANSPORTATION (HEALTH CARE STAFF)			
20 DEPRECIATION-MEDICAL EQUIPMENT			
21 PROFESSIONAL LIABILITY INSURANCE			
22 OTHER HEALTH CARE COSTS	37,234		37,234
23 ALLOWABLE GME COSTS			
24 SUBTOTAL (SUM OF LINES 15-20)	83,956		83,956
25 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21)	717,879		717,879
26 COSTS OTHER THAN RHC/FQHC SERVICES			
27 PHARMACY			
28 DENTAL			
29 OPTOMETRY			
30 ALL OTHER NONREIMBURSABLE COSTS			
31 NONALLOWABLE GME COSTS			
32 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27)			
33 FACILITY OVERHEAD			
34 FACILITY COSTS			
35 ADMINISTRATIVE COSTS	116,563	-10,374	106,189
36 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30)	116,563	-10,374	106,189
37 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31)	834,442	-10,374	824,068

VISITS AND PRODUCTIVITY		RHC 1		
	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
1 PHYSICIANS			4,200	
2 PHYSICIAN ASSISTANTS	.92	3,215	2,100	1,932
3 NURSE PRACTITIONERS			2,100	
4 SUBTOTAL (SUM OF LINES 1-3)	.92	3,215		1,932
5 VISITING NURSE				
6 CLINICAL PSYCHOLOGIST				
7 CLINICAL SOCIAL WORKER				
8 TOTAL FTES AND VISITS (SUM OF LINES 4-7)	.92	3,215		
9 PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
10 TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	212,741			
11 TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
12 COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11)	212,741			
13 RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12)	1.000000			
14 TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31)	3,328			
15 PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS)	111,811			
16 TOTAL OVERHEAD (SUM OF LINES 14 AND 15)	115,139			
17 ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS)				
18 SUBTRACT LINE 17 FROM LINE 16	115,139			
19 OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18)	115,139			
20 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19)	327,880			
	GREATER OF COL. 2 OR COL. 4 5			
POSITIONS				
1 PHYSICIANS				
2 PHYSICIAN ASSISTANTS				
3 NURSE PRACTITIONERS				
4 SUBTOTAL (SUM OF LINES 1-3)	3,215			
5 VISITING NURSE				
6 CLINICAL PSYCHOLOGIST				
7 CLINICAL SOCIAL WORKER				
8 TOTAL FTES AND VISITS (SUM OF LINES 4-7)	3,215			
9 PHYSICIAN SERVICES UNDER AGREEMENTS				

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

VISITS AND PRODUCTIVITY		RHC 2		
	NUMBER OF FTE PERSONNEL 1	TOTAL VISITS 2	PRODUCTIVITY STANDARD(1) 3	MINIMUM VISITS 4
POSITIONS				
PHYSICIANS	.90	2,217	4,200	3,780
PHYSICIAN ASSISTANTS	.93	2,056	2,100	1,953
NURSE PRACTITIONERS	.90	1,683	2,100	1,890
SUBTOTAL (SUM OF LINES 1-3)	2.73	5,956		7,623
VISITING NURSE				
CLINICAL PSYCHOLOGIST				
CLINICAL SOCIAL WORKER				
TOTAL FTES AND VISITS (SUM OF LINES 4-7)	2.73	5,956		
PHYSICIAN SERVICES UNDER AGREEMENTS				
DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES				
TOTAL COSTS OF HEALTH CARE SERVICES	717,879			
(FROM WORKSHEET M-1, COLUMN 7, LINE 22)				
TOTAL NONREIMBURSABLE COSTS				
(FROM WORKSHEET M-1, COLUMN 7, LINE 28)				
COST OF ALL SERVICES (EXCLUDING OVERHEAD)	717,879			
(SUM OF LINES 10 AND 11)				
RATIO OF RHC/FQHC SERVICES	1.000000			
(LINE 10 DIVIDED BY LINE 12)				
TOTAL FACILITY OVERHEAD	106,189			
(FROM WORKSHEET M-1, COLUMN 7, LINE 31)				
PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY	415,455			
(SEE INSTRUCTIONS)				
TOTAL OVERHEAD	521,644			
(SUM OF LINES 14 AND 15)				
ALLOWABLE GME OVERHEAD				
(SEE INSTRUCTIONS)				
SUBTRACT LINE 17 FROM LINE 16	521,644			
OVERHEAD APPLICABLE TO RHC/FQHC SERVICES	521,644			
(LINE 13 X LINE 18)				
TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	1,239,523			
(SUM OF LINES 10 AND 19)				
	GREATER OF COL. 2 OR COL. 4 5			
POSITIONS				
PHYSICIANS				
PHYSICIAN ASSISTANTS				
NURSE PRACTITIONERS				
SUBTOTAL (SUM OF LINES 1-3)	7,623			
VISITING NURSE				
CLINICAL PSYCHOLOGIST				
CLINICAL SOCIAL WORKER				
TOTAL FTES AND VISITS (SUM OF LINES 4-7)	7,623			
PHYSICIAN SERVICES UNDER AGREEMENTS				

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

TITLE XVIII RHC 1

1	DETERMINATION OF RATE FOR RHC/FQHC SERVICES	
	TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES	327,880
	(FROM WORKSHEET M-2, LINE 20)	
2	COST OF VACCINES AND THEIR ADMINISTRATION	6,177
	(FROM WORKSHEET M-4, LINE 15)	
3	TOTAL ALLOWABLE COST EXCLUDING VACCINE	321,703
	(LINE 1 MINUS LINE 2)	
4	TOTAL VISITS	3,215
	(FROM WORKSHEET M-2, COLUMN 5, LINE 8)	
5	PHYSICIANS VISITS UNDER AGREEMENT	
	(FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6	TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	3,215
7	ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	100.06

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8	PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	76.84
9	RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	100.06
10	CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	595
11	PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)	59,536
12	PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)	
13	PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)	
14	LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)	
15	GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)	
16	TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*	59,536
16.01	PRIMARY PAYER AMOUNT	
17	LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)	7,512
18	NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)	52,024
19	REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)	41,619
20	PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)	2,210
21	TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)	43,829
22	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
22.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
23	OTHER ADJUSTMENTS (SPECIFY)	
24	NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)	43,829
25	INTERIM PAYMENTS	43,246
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
26	BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)	583
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, CHAPTER I, SECTION 115.2	

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDER YEAR PROVIDERS USE COLUMN 2 ONLY.

* FOR LINE 15, USE COLUMN 2 ONLY FOR GRADUATE MEDICAL EDUCATION PASS THROUGH COST.

TITLE XVIII RHC 2

* FOR DETERMINATION OF RATE FOR RHC/FQHC SERVICES	UCATION PASS THROUGH COST.
1 TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (FROM WORKSHEET M-2, LINE 20)	1,239,523
2 COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 15)	1,466
3 TOTAL ALLOWABLE COST EXCLUDING VACCINE (LINE 1 MINUS LINE 2)	1,238,057
4 TOTAL VISITS (FROM WORKSHEET M-2, COLUMN 5, LINE 8)	7,623
5 PHYSICIANS VISITS UNDER AGREEMENT (FROM WORKSHEET M-2, COLUMN 5, LINE 9)	
6 TOTAL ADJUSTED VISITS (LINE 4 PLUS LINE 5)	7,623
7 ADJUSTED COST PER VISIT (LINE 3 DIVIDED BY LINE 6)	162.41

CALCULATION OF LIMIT (1)

	PRIOR TO JANUARY 1 1	ON OR AFTER JANUARY 1 2
8 PER VISIT PAYMENT LIMIT (FROM CMS PUB. 27, SEC. 505 OR YOUR INTERMEDIARY)	76.84	77.76
9 RATE FOR PROGRAM COVERED VISITS (SEE INSTRUCTIONS)	162.41	162.41
10 CALCULATION OF SETTLEMENT PROGRAM COVERED VISITS EXCLUDING MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		351
11 PROGRAM COST EXCLUDING COSTS FOR MENTAL HEALTH SERVICES (LINE 9 X LINE 10)		57,006
12 PROGRAM COVERED VISITS FOR MENTAL HEALTH SERVICES (FROM INTERMEDIARY RECORDS)		
13 PROGRAM COVERED COSTS FROM MENTAL HEALTH SERVICES (LINE 9 X LINE 12)		
14 LIMIT ADJUSTMENT FOR MENTAL HEALTH SERVICES (LINE 13 X 62.5%)		
15 GRADUATE MEDICAL EDUCATION PASS THROUGH COST (SEE INSTRUCTIONS)		
16 TOTAL PROGRAM COST (SUM OF LINES 11, 14, AND 15, COLUMNS 1, 2 AND 3)*		57,006
16.01 PRIMARY PAYER AMOUNT		
17 LESS: BENEFICIARY DEDUCTIBLE (FROM INTERMEDIARY RECORDS)		4,867
18 NET PROGRAM COST EXCLUDING VACCINES (LINE 16 MINUS SUM OF LINES 16.01 AND 17)		52,139
19 REIMBURSABLE COST OF RHC/FQHC SERVICES, EXCLUDING VACCINE (80% OF LINE 18)		41,711
20 PROGRAM COST OF VACCINES AND THEIR ADMINISTRATION (FROM WORKSHEET M-4, LINE 16)		276
21 TOTAL REIMBURSABLE PROGRAM COST (LINE 19 PLUS LINE 20)		41,987
22 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
22.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
23 OTHER ADJUSTMENTS (SPECIFY)		
24 NET REIMBURSABLE AMOUNT (LINES 21 PLUS 22 PLUS OR MINUS LINE 23)		41,987
25 INTERIM PAYMENTS		56,072
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE COMPONENT/PROGRAM (LINE 24 MINUS LINES 25 AND 25.01)		-14,085
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, CHAPTER I, SECTION 115.2		

(1) LINES 8 THROUGH 14: FISCAL YEAR PROVIDERS USE COLUMNS 1 & 2, CALENDER YEAR PROVIDERS USE COLUMN 2 ONLY.

* FOR LINE 15, USE COLUMN 2 ONLY FOR GRADUATE MEDICAL EDUCATION PASS THROUGH COST.

TITLE XVIII RHC 1

	PNEUMOCOCCAL 1	INFLUENZA 2	H1N1 ONLY 2. 1	INFLUENZA AND H1N1 2. 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	144,102	144,102	144,102	144,102
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.001124	.006979	.003045	
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	162	1,006	439	
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	984	1,417		
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	1,146	2,423	439	
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	212,741	212,741	212,741	212,741
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	115,139	115,139	115,139	115,139
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.005387	.011389	.002064	
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	620	1,311	238	
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	1,766	3,734	677	
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	24	149	65	
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	73.58	25.06	10.42	
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	16	40	3	
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	1,177	1,002	31	
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10)(TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		6,177		
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14)(TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		2,210		

TITLE XVIII
RHC 2

	PNEUMOCOCCAL 1	INFLUENZA 2	H1N1 ONLY 2. 1	INFLUENZA AND H1N1 2. 2
1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10)	507,285	507,285	507,285	507,285
2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME	.000039	.000567		
3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2)	20	288		
4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS)	123	418		
5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4)	143	706		
6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22)	717,879	717,879	717,879	717,879
7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16)	521,644	521,644	521,644	521,644
8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6)	.000199	.000983		
9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8)	104	513		
10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9)	247	1,219		
11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS)	3	44		
12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11)	82.33	27.70		
13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES	2	4		
14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13)	165	111		
15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10)(TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2)		1,466		
16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14)(TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20)		276		

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL ASSOCIATION IN LIEU OF FORM CMS-2552-96 M-5 (11/1998)

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR	I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/23/2010
SERVICES RENDERED TO PROGRAM BENEFICIARIES	I	14-1305	I	FROM 7/ 1/2009	I	WORKSHEET M-5
[X] RHC [] FQHC	I	COMPONENT NO:	I	TO 6/30/2010	I	
	I	14-3456	I		I	

RHC 1

DESCRIPTION	PART MM/DD/YYYY 1	B AMOUNT 2
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		39,535
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
ADJUSTMENTS TO PROVIDER .01	2/ 5/2010	3,711
ADJUSTMENTS TO PROVIDER .02		
ADJUSTMENTS TO PROVIDER .03		
ADJUSTMENTS TO PROVIDER .04		
ADJUSTMENTS TO PROVIDER .05		
ADJUSTMENTS TO PROGRAM .50		
ADJUSTMENTS TO PROGRAM .51		
ADJUSTMENTS TO PROGRAM .52		
ADJUSTMENTS TO PROGRAM .53		
ADJUSTMENTS TO PROGRAM .54		
SUBTOTAL .99		3,711
4 TOTAL INTERIM PAYMENTS		43,246
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
TENTATIVE TO PROVIDER .01		
TENTATIVE TO PROVIDER .02		
TENTATIVE TO PROVIDER .03		
TENTATIVE TO PROGRAM .50		
TENTATIVE TO PROGRAM .51		
TENTATIVE TO PROGRAM .52		
SUBTOTAL .99		NONE
6 DETERMINED NET SETTLEMENT		583
AMOUNT (BALANCE DUE) SETTLEMENT TO PROVIDER .01		
BASED ON COST REPORT (1) SETTLEMENT TO PROGRAM .02		
7 TOTAL MEDICARE PROGRAM LIABILITY		43,829

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

Health Financial Systems MCRIF32 FOR MEMORIAL HOSPITAL ASSOCIATION IN LIEU OF FORM CMS-2552-96 M-5 (11/1998)

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR	I PROVIDER NO:	I PERIOD:	I PREPARED 11/23/2010
SERVICES RENDERED TO PROGRAM BENEFICIARIES	I 14-1305	I FROM 7/ 1/2009	I WORKSHEET M-5
[X] RHC [] FQHC	I COMPONENT NO:	I TO 6/30/2010	I
	I 14-3405	I	I

RHC 2

DESCRIPTION	P A R T MM/DD/YYYY	B AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	45,534
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
ADJUSTMENTS TO PROVIDER .01	2/ 5/2010	10,538
ADJUSTMENTS TO PROVIDER .02		
ADJUSTMENTS TO PROVIDER .03		
ADJUSTMENTS TO PROVIDER .04		
ADJUSTMENTS TO PROVIDER .05		
ADJUSTMENTS TO PROGRAM .50		
ADJUSTMENTS TO PROGRAM .51		
ADJUSTMENTS TO PROGRAM .52		
ADJUSTMENTS TO PROGRAM .53		
ADJUSTMENTS TO PROGRAM .54		
SUBTOTAL .99		10,538
4 TOTAL INTERIM PAYMENTS		56,072
TO BE COMPLETED BY INTERMEDIARY		
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		
TENTATIVE TO PROVIDER .01		
TENTATIVE TO PROVIDER .02		
TENTATIVE TO PROVIDER .03		
TENTATIVE TO PROGRAM .50		
TENTATIVE TO PROGRAM .51		
TENTATIVE TO PROGRAM .52		
SUBTOTAL .99		NONE
6 DETERMINED NET SETTLEMENT		
AMOUNT (BALANCE DUE) SETTLEMENT TO PROVIDER .01		14,085
BASED ON COST REPORT (1) SETTLEMENT TO PROGRAM .02		
7 TOTAL MEDICARE PROGRAM LIABILITY		41,987

NAME OF INTERMEDIARY:
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.